

Archives  
closed  
LD  
175  
A40k  
Th  
44

A PROCESS EVALUATION OF THE WATAUGA COUNTY DRUG TREATMENT  
COURT

A Thesis  
by  
ANGELA DAWN SHOOK

Submitted to the Graduate School  
Appalachian State University  
in partial fulfillment of the requirements for the degree of  
MASTER OF SCIENCE

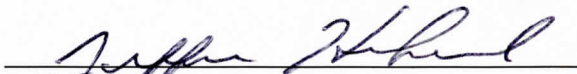
December 2009  
Department of Government and Justice Studies


**WILLIAM LEONARD EURY  
APPALACHIAN COLLECTION  
APPALACHIAN STATE UNIVERSITY  
BOONE, NORTH CAROLINA 28608**

A PROCESS EVALUATION OF THE WATAUGA COUNTY DRUG TREATMENT  
COURT

A Thesis  
by  
ANGELA DAWN SHOOK  
December 2009


APPROVED BY:

  
Jefferson Holcomb  
Chairperson, Thesis Committee

  
Marian Williams  
Member, Thesis Committee

  
Mark Bradbury  
Member, Thesis Committee

  
Brian Ellison  
Chairperson, Department of Government and Justice Studies

  
Edelma D. Huntley  
Dean, Research and Graduate Studies



Copyright by Angela Dawn Shook 2009  
All Rights Reserved

## ABSTRACT

### A PROCESS EVALUATION OF THE WATAUGA COUNTY DRUG TREATMENT COURT (December 2009)

Angela Dawn Shook, B.S., Appalachian State University

M.S., Appalachian State University

Chairperson: Jefferson Holcomb

The current study is based on a process evaluation of the Watauga County drug treatment court and utilized in-person interviews with drug court team members in order to gain insight into program operations and procedures. Previous research on drug treatment courts is reviewed in order to examine strengths and weakness of drug court programs, qualitative research methods that are utilized to research drug treatment courts, and findings and methodologies of previous process evaluations. Descriptive data for active participants in the program are provided. In-depth analysis of interviews revealed six themes regarding program operations. Themes of participant eligibility, judicial supervision and participant accountability, access to treatment and social services, treatment and sanction strategies, team communication, and community support are explored in relation to previous research on drug treatment courts. Discussion of results emphasizes the potential impact of major themes on the effectiveness of the drug court program.

## DEDICATION

This thesis is dedicated to my mother and father for their continuous encouragement and support.

## ACKNOWLEDGEMENTS

I would like to thank the team members of the Watauga County drug treatment court for allowing me to interview them for my thesis. I would also like to thank the members of my thesis committee for their support and motivation throughout this process.

## TABLE OF CONTENTS

Abstract .....	iv
Dedication .....	v
Acknowledgements .....	vi
Introduction .....	1
Chapter 1 .....	4
Drug Treatment Courts .....	4
Watauga County Drug Treatment Court .....	11
Chapter 2 .....	19
Process Evaluations .....	19
Outcome Evaluations .....	31
Conclusion .....	35
Chapter 3 .....	37
Methodology .....	37
Chapter 4 .....	42
Descriptive Results .....	42
Analytical Results .....	49
Chapter 5 .....	71

Recommendations and Conclusion.....	71
References.....	83
Appendix A.....	89
Appendix B .....	94
Biographical Sketch .....	97

## INTRODUCTION

The increase in the male and female prison population can be partially attributed to the attitudes of government and the public concerning the “War on Drugs.” The war on drugs placed major emphasis on drug-related crimes and resulted in a spike in the prison population. The war on drugs has substantially increased the prison population; almost half of the growth in prison population between 2000 to 2007 were due to drug offenders (Bureau of Justice Statistics, 2008). The war on drugs is still a major concern of criminal justice policy and practice today. With such a substantial growth, questions arise about the ability of the correctional system to respond to the portion of the prison population that may need substance abuse treatment. A report by the Bureau of Justice Statistics (2006) indicates that approximately half of the prisoners in both state and federal prisons meet the criteria for drug dependence or abuse but only half participated in drug treatment programs. One response has been the creation of drug courts to address needs of offenders and reduce strains on an overcrowded criminal justice system.

According to the Center for Substance Abuse Treatment (2005), drug court popularity occurred because of the realization that incarceration was not having a significant impact on drug-using behavior and the crime that arises from such behavior. The implementation and rise of drug courts also brings attention to the medical nature of addiction and how criminal justice agencies can provide help for those who need treatment. An important insight into a possible transformation of criminal justice policy and subsequent implications on the criminal justice system is inherent in the use of drug treatment courts. The punitive



retribution model, as exemplified in the use of increased punishment severity and length through incarceration, addresses an act of crime without considering the underlying factors of why a person commits drug-related crimes (Center for Substance Abuse Treatment, 2005). Many penal institutions do not seek to rehabilitate an offender. This results in an offender's drug addiction not being treated, as indicated by less than one-third of state and federal prisoners receiving treatment since admission to confinement (Bureau of Justice Statistics, 1999). Drug treatment courts focus on an offender's substance abuse habit and examine the underlying issues of committing drug related crime. They address the needs of an offender based on a medical/rehabilitative model that seeks to cure an addiction (Nolan, 2001).

During the 1980s, government focused their attention on drug offenders who committed drug-related crimes and were deemed dangerous for society (Goldkamp, 1994). Spohn, Piper, Martin, and Frenzel (2001) note that crime policy was created on the assumption that increasing punishment severity and length would result in specific and general deterrence, which would lead to reduced drug-related crime and individual drug use. Advocates of drug courts highlight that incarceration has not shown to be particularly effective in reaching these goals. Statistics on recidivism rates and amount of re-arrests for individuals indicate that drug treatment courts could be an effective route in reducing drug-related crime and individual drug use (Spohn et al., 2001).

The following study is based upon a process evaluation of the Watauga County drug treatment court in North Carolina. This drug court has been in operation since December 2006. Because it has only been in operation for this short amount of time, a process evaluation is a logical first step in understanding the effectiveness of this program. Furthermore, since only a relatively small number of offenders have completed the program,



an outcome evaluation is not appropriate at this time. A process evaluation is essential in order to determine the program's stated goals, that the program targets the appropriate population, whether team members interact in a productive manner, and if there are weaknesses that should be addressed for offender treatment. A process evaluation can also be helpful in developing and planning future outcome evaluations of the program. This study seeks to address these important issues within the Watauga County drug treatment court.

## CHAPTER 1

### Drug Treatment Courts

Beginning in the early 1990s, the use of specialized courts involving drug treatment began to spread across the nation after a drug court was successfully implemented in Dade County, Florida (Cooper, 2003). The initial purpose of the program was to provide public safety and effective supervision of defendants facing drug-related charges and to reduce the recidivism rates among these defendants. Their use has grown to encompass not only assuring public safety, but also providing therapeutic efforts to treat substance abuse and reduce recidivism of offenders who commit drug-related crime (Cooper, 2003).

According to Marlowe, Heck, Huddleston, and Casebolt (2006), by 2004, there were 1,621 drug courts throughout the country. Studies have shown that this sanction can reduce recidivism by about 15-20 percent compared to drug-related cases under standard conditions of probation (Marlowe et al., 2006). According to advocates, the main advantage of drug treatment court is that an offender has substantially more access to substance abuse treatment programs and more intensive treatment compared to offenders receiving standard treatment through services referred by probation. It is a program that allows for close supervision and immediate action to address the needs of participants.

Harrison and Scarpitti (2002) review the history of drug treatment courts and note that the Anti-Drug Abuse Act of 1986 “set penalties for mere possession of a controlled substance, and further restored mandatory prison sentences” as the result of a growing drug problem that the war on drugs aimed to address (pp. 1445-1446). Early drug treatment

courts were the beginning of problem-solving courts. Such courts involve collaborative efforts from various agents of the criminal justice system (courts, treatment providers, prosecutors, defense attorneys, and the community) that result in an offender “getting better” because of a team focusing on an offender’s medical needs for curing an addiction (Harrison & Scarpitti, 2002). Nolan (2002) discusses drug treatment courts in terms of the disease paradigm. Drug treatment courts offer a drug offender an opportunity to engage in a:

Therapeutic alternative to the traditional adjudication process...the treatment approach is introduced into the very center of the adjudicative process; law and therapy become a fully collaborative enterprise. A defining feature of this new arrangement is the legal reinterpretation of drug use as a disease rather than simply a criminal offense deserving a specified legal sanction. (pp. 1725-1726)

Hora, Schma, and Rosenthal (1999) note that drug treatment courts apply the concept of “therapeutic jurisprudence” (p. 4). This refers to how the rules, procedures, and roles of judges and lawyers can produce therapeutic or antitherapeutic consequences in the legal process while encouraging the psychological and physical health of participants.

Drug courts have become a common alternative prosecution and sentencing of offenders who are deemed in need of intensive drug treatment. According to the Center for Substance Abuse Treatment (2005), drug treatment courts were expanded as a response to overcrowding in prisons and jails, many of which housed offenders who committed drug-related crimes. Incarceration was perceived as not having a significant impact on reducing drug use, thus, drug courts were established to encourage courts and communities to address substance abuse problems as a partnership and team collaboration effort.

Monchick, Scheyett, and Pfeifer (2006) note the importance of case management to successfully carry out a drug treatment court program. The functions and tasks of case management within drug treatment courts include: 1) assessment of offenders for what they

need and want; 2) planning with the offender and drug treatment court team; 3) linkage with service and supports; 4) monitoring and maintaining communication with the offender and services and supports; and 5) advocating for the offender for services for which he/she is eligible. This allows for the interaction of the correctional system and public services that seek to not only help an offender but help keep the community safe (Monchick et al., 2006).

Because of the continuing concern about prison and jail overcrowding, drug courts can be found throughout the country in both urban and rural areas. Their popularity has emerged as an alternative sanction to prison that aims to address substance abuse issues for persons who commit drug-related crimes. As an alternative community sanction, drug treatment court increases options for an offender to obtain proper drug treatment. Research on these programs is imperative not only for an evaluation of the effectiveness of processes and treatment for participants, but to inform the public about the use of drug treatment courts as a policy option.

### *General Purpose*

It is beneficial to distinguish substance abuse from substance dependence. According to the American Psychiatric Association (1994), substance abuse can be defined as 1) using drugs repeatedly that impede the fulfillment of major obligations regarding family, work, or school; 2) drug use in physically hazardous situations; 3) legal problems resulting from repeated use; or 4) continued use despite considerable social or interpersonal problems. Substance dependence can be defined as of 1) tolerance; 2) withdrawal; 3) larger amounts of substance; 4) persistent desire or unsuccessful efforts to reduce substance use; 5) lengthy amount of time trying to obtain or use the substance; 6) reduction in social, occupational, or recreational activities because of use; and 7) continuing use of drugs despite related



behavioral, physical, or psychological problems (American Psychiatric Association, 1994). The suggested mission of a drug court is to “stop the abuse of alcohol and other drugs and related criminal activity” (Drug Courts Programs Office, 1997, p. 7). Thus, while drug courts mainly address issues of substance abuse, they can potentially serve individuals facing dependence whose behaviors indicated that criminal activity occurs in conjunction with their substance use (Peyton & Gossweiler, 2001).

Volkow, Belenko, Delany, and Dembo (2006), outline 13 key principles for substance abuse treatment that criminal justice agencies should consider: 1) drug abuse is a brain disease that affects behavior; 2) recovery from drug addiction requires effective treatment, followed by management of the problem over time; 3) treatment must last long enough to produce stable behavioral changes; 4) assessment is the first step in treatment; 5) tailoring services to fit the needs of the individual is an important part of effective drug abuse treatment for criminal justice populations; 6) drug use during treatment should be carefully monitored; 7) treatment should target factors that are associated with criminal behavior; 8) criminal justice supervision should incorporate treatment planning for drug abusing offenders, and treatment providers should be aware of correctional supervision requirements; 9) continuity of care is essential for drug abusers re-entering the community; 10) a balance of rewards and sanctions encourages pro-social behavior and treatment participation; 11) offenders with co-occurring drug abuse and mental health problems often require an integrated treatment approach; 12) medications are an important part of treatment for many drug abusing offenders; and 13) treatment planning for drug abusing offenders who are living in or re-entering the community should include strategies to prevent and treat serious, chronic medical conditions. The overall goal of substance abuse treatment is to help offenders

“change their attitudes, beliefs, and behaviors” (Volkow et al., 2006, p. 10). By coordinating with each other and receiving proper funding, community corrections programs and treatment agencies can coordinate goals and work together with an offender in order to “benefit the health, safety, and well-being of individuals” (Volkow et al., 2006, p. 13). These principles of drug abuse treatment are exemplified in drug treatment courts.

### *Common Elements*

According to a United States Government Accountability Office (2005) report, there are usually two approaches for cases being accepted into drug treatment court. The first approach is “deferred prosecution,” where a defendant does not enter a plea but is given the opportunity to complete the program and, if they complete the program, they are not prosecuted for their crime or other charges are dismissed. The second approach is having an offender complete the program “post-plea.” This results in a suspended sentence and if the offender completes the program, the sentence is waived and the case may be expunged (United States Government Accountability Office, 2005). Both of these approaches allow an offender to complete an intensive program that provides a rehabilitative experience.

Frequent court sessions and intensive supervision allow the implementation of the main components of a drug treatment court. The National Association of Drug Court Professionals’ Drug Court Standards Committee (Drug Court Programs Office, 1997) proposed the following components of drug treatment courts:

- Drug courts should integrate alcohol and other drug treatment services with justice system processing.
- Using a non-adversarial approach, prosecution and defense counsel should promote public safety while protecting participants’ due process rights.

- Eligible participants should be identified early and promptly placed in drug court program.
- Drug courts should provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
- Abstinence should be monitored by frequent alcohol and other drug testing.
- A coordinated strategy should govern drug court responses to participants' compliance.
- Ongoing judicial interaction should occur with each participant.
- Monitoring and evaluation should occur to measure the achievement of program goals and gauge effectiveness.
- Continuing interdisciplinary education should occur to promote effective drug court planning, implementation, and operations.
- Forging partnerships among drug courts, public agencies, and community-based organizations should increase the availability of treatment services, enhance drug court effectiveness, and generate local support.

While there are differences among drug treatment courts in the United States, most follow similar strategies for developing and implementing a drug treatment court according to federal guidelines. The Drug Court Programs Office (1997) explains that the mission of drug treatment court is to stop substance abuse and related criminal behavior. These goals can best be achieved by the presence of collaboration and cooperation by team members which include designated judges, prosecutors, defense counsel, probation officers, law enforcement liaisons, social service providers, Treatment Alternative to Street Crime programs (TASC), the drug court program coordinator, and the greater community. Most of the input about



each case comes from the intensive case probation officer and treatment providers. The judge and district attorney are there to help decide if and what sanctions may need to be imposed for some cases. Information is shared about the progress of each case and how well the participant is doing with treatment. Cases of “deferred prosecution” or “post-plea” drug court are supervised by probation officers. If there is a problem of non-compliance, the team collaborates and determines if an additional sanction is needed. Immediate revocation is not very common, but rather the team will suggest and impose sanctions like spending a weekend in jail or attending more meetings during a set amount of weeks (Drug Court Programs Office, 1997).

Olson, Lurigio, and Albertson (2001) note the importance of establishing a nonadversarial relationship between prosecutors and defense attorneys within the drug court. Drug courts differ from typical courts in that they go beyond cooperation in terms of sentences; rather, collaboration must continue throughout a case and the monitoring of activities is a team effort. Thus, the nonadversarial relationship extends to other members of the team and allows criminal justice and community agencies to be included in the courtroom workgroup as each person has access to participant information and is given the opportunity to review, interpret, and provide insight into each case (Olson et al., 2001). In addition to the previously noted components, Hora et al. (1999) add that drug courts have five common elements that include immediate interventions, a non-adversarial process, in-depth judicial role, drug treatment with concise rules and goals, and a team approach to address cases.



## Watauga County Drug Treatment Court

### *Background of North Carolina Drug Courts*

North Carolina drug treatment courts were established in 1995 as a result of legislation enacted by the North Carolina General Assembly (*Drug Treatment Court*, n.d.). The first established drug courts aimed to create and monitor treatment services for chemically dependent adults. In 2001, the General Assembly approved the expansion of drug courts to include juveniles and chemically dependent parents of neglected or abused children. Another addition to the program was enacted by the General Assembly in 2003 to include drug treatment courts as intermediate sanctions that can be used for individuals on intermediate levels of probation. There are currently 20 adult drug treatment courts in North Carolina and more are in the planning stages (*Existing Drug Treatment Courts*, n.d.).

Once admitted to the program, participants must comply with program rules, attend court, complete drug testing, and engage in treatment programs. The goals established by this legislation included:

- Reduce alcoholism and other drug dependencies among adult and juveniles who are chemically dependent.
- Reduce criminal recidivism and child abuse and neglect.
- Reduce alcohol and drug-related court work load.
- Increase the accountability of adult and juvenile offenders in personal, familial, and societal responsibilities.
- Promote the effective interaction and use of criminal, child protective, and community resources (*Drug Treatment Court*, n.d.).

As outlined by the North Carolina Court System, drug treatment courts use teams of court and community professionals to treat nonviolent, repeat offenders who face jail/prison time. The guidelines they provide for participants to be eligible include: 1) be either a) diagnosed as chemically dependent or b) borderline chemically dependent and provide collateral indication of chemical dependency; 2) be assessed for legal eligibility (usually H and I felonies on the Structured Sentencing Grid which include possession of a controlled substance with intent to manufacture, sell, or deliver or possession of schedule I substance); 3) be eligible for intermediate sanctions based on pending offenses; 4) meet program eligibility requirements set by the local program (*Drug Treatment Court*, n.d.).

According to *The Guidelines (Minimum Standards) for The North Carolina Drug Treatment Court Program* (North Carolina Court System, 2005), funding for these programs is provided by the State Drug Treatment Court Fund and is administered by the Director of the Administrative Office of the Courts. The amount of funding is based on the availability of funds appropriated to the North Carolina Drug Treatment Court Act and also the ability of each program to meet requirements of the guidelines/minimum standards.

#### *Background of Watauga County Drug Court*

The Watauga County drug treatment court operates within North Carolina Judicial District 24 which also encompasses Avery, Madison, Mitchell, and Yancey counties. Watauga and Avery county drug court programs are overseen by the same coordinator. The program was approved and began operation in December 2006. The handbook created for this program is given to each participant and team member. It outlines program requirements and expectations. A description of the program provides the following:

The Watauga Adult Drug Treatment Court Program is a **partnership** between the criminal justice system, the treatment community, and you. The court-supervised,

post-sentence treatment program is for non-violent defendants designed to identify and treat offenders whose criminal activities are related to substance abuse. It is a voluntary program that includes regular court appearances before a designated judge. A large part of your treatment will include, but will not be limited to, regular drug testing, individual group counseling, and regular attendance at twelve step meetings. (*Watauga Adult Drug Treatment Court Participant Handbook*, n.d., p. 4)

### *Team Members*

The program operates under a team approach, where members of the team have a working knowledge of each case and attend court sessions. As per Table 1, team members of this program include: judge, drug treatment court program coordinator, assistant district attorney, defense attorney, probation officer, treatment counselor, TASC care manager, law enforcement liaison, social services liaison, and a representative from sentencing services. Within North Carolina Judicial District 24, four district court judges rotate. Due to this rotation, drug court sessions are overseen by whichever judge is working that week in district court. The district attorney's office has various prosecutors that are involved in court sessions, but one district attorney is responsible for being the "gatekeeper" of the program. Representatives from social services and sentencing services are the newest additions to the team and the handbook does not provide a description of these team members. All are expected to participate in precourt staffing meetings and also the court sessions.

As part of a partnership between criminal justice agents and the community, participants have access to inpatient/outpatient treatment, 12-step programs, GED and continuing education services, employment referral assistance, vocational rehabilitation services, and other community services. Case plans for each participant outline the steps that are necessary for completion and which services are available to them to help them complete the program.



Table 1

*Watauga County Drug Treatment Court Team Members*

<b><u>Team Member</u></b>	<b><u>Description</u></b>
<b>District Attorney</b>	Screens cases based on facts and prior offenses
<b>Defense Attorney</b>	Determines client's intentions concerning trial, plea or program participation and ensures participant's rights are protected
<b>Judges</b>	Approves final acceptance into the program; monitors progress bi-weekly; presides over the court session and imposes sanctions or incentives
<b>DTC Case Coordinator</b>	Assists clients in avoiding relapse and overcoming institutional obstacles; assists in reporting progress in court sessions; administers drug screens and enters data in MIS System
<b>Probation Officer</b>	Provides case management to participants, drug tests, and supervision of clients, and executing orders for arrest
<b>Law Enforcement Liaison</b>	Provides education for local law enforcement; advises local law enforcement of court participants and communicates success or failures
<b>Treatment Providers</b>	Facilitates substance abuse treatment, which includes education on substance abuse and dependence, group therapy and relapse prevention
<b>TASC Care Manager</b>	Coordinates with DTC Case Coordinator in conducting substance abuse assessments
<b>Social Services Liaison<sup>1</sup></b>	Addresses issues regarding childcare, housing, and employment for drug court participants
<b>Sentencing Services Representative<sup>2</sup></b>	Helps with making inquiries about intensive inpatient treatment availability and placement

Source: *Watauga Adult Drug Treatment Court Participant Handbook* (p. 25)

<sup>1</sup> Description not provided in the *Watauga Adult Drug Treatment Court Participant Handbook*. This definition comes from the description provided by this team member in the interview.

<sup>2</sup> Description not provided in the *Watauga Adult Drug Treatment Court Participant Handbook*. This definition comes from the description provided by this team member in the interview.

### *Eligibility and Program Requirements*

Within the handbook is an outline of whom the program targets and eligibility requirements:

- A resident of Watauga County.
- Alcohol or substance dependent.
- Charged with a Class H or Class I felony drug charge and/or property crime which is indicative of drug dependency issues.
- Enter program voluntarily and acknowledge his/her addiction.
- No mental health problems that prohibit meaningful participation.
- No prior convictions for violent offenses.
- Did not possess firearm at time of arrest.

The handbook states that defendants who have been charged or previously convicted of trafficking or selling controlled substances are excluded from participation in the program. Individuals who have been charged and/or convicted of possession of precursor chemicals are also ineligible for the program.

The program requires that participants engage in treatment, probation, 12-step meetings, attend court biweekly, and complete random drug tests conducted by the treatment provider and probation officer. Detailed requirements are outlined in Table 2. Most interaction occurs with the treatment provider, probation officer, and the coordinator. Other team members perform the majority of their role in team staffing before each court session where the treatment provider and probation officer discuss progress and compliance of cases.

Table 2

*Watauga County Drug Treatment Court Treatment Phases*

<b><u>Requirements</u></b>	<b><u>Phase I</u></b>	<b><u>Phase II</u></b>	<b><u>Phase III</u></b>	<b><u>Phase IV</u></b>
<b>Treatment</b>	Group: 16 weeks  3 times per week 3 hours per session	Group: 12 weeks  2 times per week 1.5 hours per session	Group: 12 weeks  1 time per week 1.5 hours per session	12 weeks No Group Sessions
	Clean Time: 45 consecutive days	Clean Time: 60 consecutive days	Clean Time: 120 consecutive Days	Clean Time: 180 consecutive days
<b>AA, NA, or CB Meetings</b>	Attend 3 meetings per week	Attend 4 meetings per week	Attend 4 meetings per week	Attend 5 meetings per week
<b>Probation Office Visits</b>	Once per week	Once per week	Once per week	Once per week
<b>Court Sessions</b>	1 Session biweekly	1 Session biweekly	1 Session biweekly	1 Session once per month

Source: *Watauga Adult Drug Treatment Court Participant Handbook* (p. 9)

During these phases, participants must be employed or attend school full time, submit to random drug screens, and make payments for treatment and probation fees. These program requirements are intense and strive to alter a person's way of life, thinking, and behaving. Graduation occurs when a participant successfully completes all phases of the program, has a minimum of 150 days clean time prior to graduation, fulfills all monetary obligations of treatment/probation/restitution, and completes an exit interview. Clean time refers to the number of consecutive days that a person does not use alcohol or drugs. Participants must be in the program a minimum of one year in order to complete all requirements, but they may take up to two years to finish the program.

Sanctions, incentives, and conditions of termination are evaluated by the team on an individual basis. Decisions are made based on an individual's behavior and what the team determines as the best course of action after examining behavior, treatment level, and phase level. According to the handbook, team members strive to give both sanctions and incentives to change or encourage certain behaviors. Termination is the final sanction and it is ultimately a team decision as to when to advise the judge to terminate the case from the program. Termination refers to unsuccessful completion of the program and its requirements. Table 3 provides an outline of sanctions, incentives, and reasons for termination from the program.

Table 3

*Watauga County Drug Court Sanctions, Incentives, and Termination*

<u><b>Sanctions</b></u>	<u><b>Incentives</b></u>	<u><b>Termination</b></u>
<ul style="list-style-type: none"> <li>○ Verbal admonishment</li> <li>○ Essay</li> <li>○ Additional meetings with DTC Coordinator</li> <li>○ Increased contact with probation officer</li> <li>○ Curfew</li> <li>○ Incarceration</li> <li>○ Electronic house arrest</li> <li>○ Community service</li> <li>○ Roundtable with DTC team</li> <li>○ Inpatient Treatment – time will not count as clean time</li> </ul>	<ul style="list-style-type: none"> <li>○ Judicial praise</li> <li>○ Decreased contacts with DTC Coordinator or probation officer</li> <li>○ Reduced court appearances</li> <li>○ Certificates/Gift Cards</li> <li>○ Curfew modification</li> <li>○ Excused absences from treatment groups, court, for family vacations, birthdays as determined by the team</li> </ul>	<ul style="list-style-type: none"> <li>○ New drug arrests</li> <li>○ Consistently absent from court or drug tests</li> <li>○ Consistently positive drug screens</li> <li>○ Failure to cooperate/meet with the treatment program, probation officer, and/or DTC coordinator</li> <li>○ Violence/threats against team members or others involved with the case</li> <li>○ Any instance of attempting to alter a urine sample</li> </ul>

Source: *Watauga Adult Drug Treatment Court Participant Handbook* (pp. 16 – 18)  
*Current Study*



The Watauga County drug treatment court has only been in operation since December 2006. At this time, the program would benefit from a process evaluation to monitor their efforts for providing substance abuse treatment while maintaining efforts to ensure criminal sanctions. The current study can compare Watauga County drug treatment court components to those identified as central in prior research. Also, known challenges and barriers can be explored to determine whether these are present in the Watauga County drug treatment court. As a state-funded program, it is important that the program is operating efficiently and meeting the needs of offenders while providing safety for the community. A result of this research will be to understand the strengths and weaknesses of the program in relation to prior research and commentary on effective drug treatment courts.



## CHAPTER 2

This chapter reviews previous research on drug treatment courts. The findings of both process and outcome evaluations are relevant to understanding the extent to which the Watauga County drug treatment court is similar to other programs. Attention will focus on what previous research suggests about the key drug court components as outlined in chapter one, including judicial supervision, targets and eligibility, treatment, and offender monitoring.

### Process Evaluations

Process evaluations can enhance outcome evaluations by examining how results are affected by the structure and functioning of the court itself. They utilize qualitative data to explore the structure and function of drug courts. These analyses can be used to explain why certain outcomes occur and also provide insight into procedural and policy implications so that drug courts can address their strengths and weaknesses.

In an in-depth process evaluation, Olson et al. (2001) explored three drug treatment court programs in Cook County, Illinois to assess goal achievement, identify factors that enhance or inhibit success, and the extent of each court's ability to implement the key components of drug courts as indicated by the National Association of Drug Court Professionals' Drug Court Standards Committee (see p. 8). These key components were broken into two groups: (a) drug court work dynamics and offender identification and (b) monitoring and services. Participant records were examined and qualitative data that came from observations of court proceedings and interviews with team members were also used.

Each of the three courts differed in target population but established similar goals and objectives. All three courts restricted offenders with prior convictions for violent felonies. The first drug treatment court included defendants with a drug-defined or drug-related felony or misdemeanor within a suburban court district. Many in this court had extensive criminal histories, were unemployed, were African-American males, and indicated heroin as substance of choice. Individuals in the second drug treatment court included defendants arrested for low-level felony drug possession while under active probationary supervision. Most were African-American, unemployed, had five or more previous arrests, and indicated heroin as substance of choice. Individuals in the third drug treatment court included those who were charged with drug-defined and drug-related misdemeanors or those first time offenders facing felony drug possession. This was the most diverse population group, as females were more likely to be in this court, criminal histories were less extensive, and marijuana and cocaine were substances of choice. Thus, these three courts covered a wide spectrum of target offenders and incentives for completion (e.g., threats of long prison sentences for those in group one because of extensive criminal history). Requirements for each program were the same and included: meet with probation officer once per week, subject to at least one urine test per week, attend treatment as designated by the provider, and appear in court before the judge and team for a status hearing at least once per month (Olson et al., 2001).

In terms of drug court work dynamics, findings indicated that not all of the programs were able to establish the cooperation and cohesion necessary for success, as teams were not able to meet on a regular basis (Olson et al., 2001). Turnover in prosecutorial and defense staff due to agency rotation and/or promotion was indicated as a barrier to creating group

solidarity. One of the program's team members had considerably less experience within their line of work compared to the other two programs, thus making it difficult to acclimate to agency and drug court demands. Some team members indicated that they had never been introduced to the formal goals or program proposal, indicating a lack of training. Socialization into the drug court was also inhibited by confusion of some team members in terms of the specific goals of the program, team member roles, and a misunderstanding about the nature of the workload associated with the program by others within an agency. Team members' understanding of the goals and objectives of the program and team functionality are important, as "misunderstandings or misperceptions about the specialized drug treatment court's purposes can hurt morale and affect a program's longevity" (Olson et al., 2001, p. 184). Team composition also varied as one team had a Treatment Alternatives for Safe Communities (TASC) liaison to assess treatment eligibility whereas the other two relied on probation staff who faced challenges of overseeing drug court participants and their regular supervised offenders. In the program that utilized TASC, probation officers felt they did not receive adequate information regarding substance abuse histories of participants and that having this information would assist in supervision. Having too many team members was also reported as a problem for communication. When information is filtered through too many channels, it can become overwhelming, especially as many team members deal with regular case processing in addition to drug court. Observations also revealed that some team members were overwhelmed by the amount of information and details that each case presented during team staffings. Rather than simply examining criminal histories, the team tried to understand each participant at a deeper level by exploring family situations, employment, and patterns of drug use. By examining these issues in depth for each



participant, time was often an issue during staffing. As the agencies are interrelated, team members expressed how working with the team allowed them to gain insight into each agency's involvement with not only drug court participants but also general offenders in the criminal justice system. In terms of judicial involvement, there were differences among the programs as some team members reported judges neglecting to follow or acknowledge team member insight or suggestion for cases, thus causing difficulties amongst the team. It was observed, however, that the judicial interaction during the status hearings was positive for participants as the judge was able to have individualized information and knowledge about each participant, often congratulating those doing well or confront those who were not (Olson et al., 2001).

In terms of offender identification and monitoring, "each program had written eligibility criteria, the ability to identify and retain eligible participants effectively varied with the nature of the offenses or defendants and the organization of different courtrooms" (Olson et al., 2001, p. 187). In two of the programs where the criteria were general, the problem was that those who initially see the case (prosecutors or defense attorneys) could not assess the extent of substance abuse and thus could not assure that criteria were being followed. Sources of initial assessment also varied as some were performed by TASC, probation officers, or outside groups. Screening type affected the speed of entrance into the program, as outside groups often required scheduling, whereas TASC or probation had access to defendants within the court. Other important issues included whose decision it was to determine eligibility (prosecutor or as a team) and the extent of support by team members on eligibility criteria. Issues for offender monitoring included not being able to achieve the once-per-week urine test and not being able to meet face-to-face weekly with probation

officer. There were differences in terms of court organizational factors, caseload sizes, and target populations. These affected the ability of the court to ensure compliance with program rules and treatment schedules. The third drug court targeted those with misdemeanors and these participants faced relatively minor sentences if they did not comply with the program. This group saw more participants dismissed from the program due to warrants when compared to the other groups. Overall, while each court varied with aspects of the program and each had strengths and weaknesses in terms of implementing program components, the courts were able to implement treatment and team members viewed the court in a positive light (Olson et al., 2001).

Other process evaluations of drug courts have highlighted important issues for drug treatment court such as the implementation of sanctions, presence of a judge, and treatment implementation (Drug Court Programs Office, 1997; Goldkamp, White, & Robinson, 2001b). These issues are discussed in more detail in the following sections. This information can provide important insights and raise relevant questions for the current study of the Watauga County drug treatment court.

### *Sanctions*

One of the strengths of drug treatment courts is the implementation of sanctions. To explore the component of sanctions within drug treatment courts, Harrell, Cavanagh, and Roman (1999) conducted a study of the drug treatment court in Washington D.C. and found that participants who received graduated sanctions in addition to treatment and judicial supervision were significantly less likely to be arrested a year following completion compared to those only having treatment and judicial supervision. Gottfredson, Kearley, Najaka, and Rocha (2007) note, however, that once they reach the level of incarceration,

graduated sanctions can potentially negate positive effects of the drug court program and should be used on a minimal basis or as a last resort. Wolfe, Guydish, and Termondt (2002) found significant differences in re-arrest for graduates versus non-graduates, “graduates tended to receive more sanctions than non-graduates. Sanctions were used in order to encourage compliance with drug court requirements” (p. 1168).

An element of sanctions concerns the interaction of treatment and criminal justice models of compliance. In their review of 26 process evaluations of drug courts, Finigan and Carey (2001) found that some courts reported conflict between treatment and criminal models in terms of the type of sanctions they prefer to implement as “criminal justice environments tend to demand strict compliance for diversion type programs and view failure to comply as grounds for conviction and jail. Treatment environments tend to see failure to comply as an element in the therapeutic process and are more tolerant of its occurrence” (p. 3). Drug courts that are successful have judges and prosecutors with an understanding of how substance abuse treatment works and that many individuals in the program will at some point (especially early in the program) not fully comply with treatment requirements (Finigan & Carey, 2001). A way to enhance this understanding and have relatively consistent sanctions is for the team to collaborate in developing graduated sanctions (Finigan & Carey, 2001).

Logan, Williams, Leukefeld, and Minton (2000) conducted a process evaluation of a Kentucky drug court program by engaging in in-depth interviews with 69 individuals who directly worked with the drug treatment court program or within an agency that provided a service to the court. Perceptions among respondents indicated that the drug court program was having an impact because of the pressures of alternative sanctions offenders faced if they



did not complete the program or if they violated rules of the program. Having these sanctions were thought to motivate participants to comply (Logan et al., 2000).

Marlowe and Kirby (1999) reported that drug courts can experience difficulty in implementing sanctions. Courts that utilize harsh sanctions in the beginning or continue to use weak sanctions may influence individuals to engage in further misconduct. If sanctions are too harsh, judges do not have sanctions remaining that can influence behavior, and if sanctions are repeatedly minimal, participants may become habituated to these punishments and will continue to engage in acts of noncompliance. They recommend that the strategy for graduated sanctions should be finding a medium ground in which sanctions are not the most intense at the beginning of a program but still can foreshadow what could happen to participants who continue to not comply with program requirements (Marlowe & Kirby, 1999).

### *Judicial Supervision*

Satel (1998) indicated that judges have a key role in drug treatment court program operations. The role of the judge in drug courts is different than in any other court setting mainly because of the type of interaction judges have with participants. Judges have the power to institute sanctions and/or praise for participants because they are in a position to have a personal investment in cases as the result of seeing participants on a more regular basis (Satel, 1998). This accountability renders pressures on individuals because they know that if they are not in compliance, sanctions are immediate and a judge can make an example of the infraction to other participants (Satel, 1998). Judicial supervision can show participants that someone cares about their well-being and that the judge has a high level of

expectation for them and if they do not comply, the judge will be disappointed in them (Olsen et al., 2001; Logan et al., 2000).

Kassebaum and Okamoto (as cited in Sanford & Arrigo, 2005) note that a judge in a drug court has unprecedented judicial discretion and is both a formal and informal activist who can contribute greatly to outcomes for participants. Goldkamp, White, and Robinson (2001a) found that a judge's role is weakened by not being able to preside over the court each time and interchanging judges can weaken a program as individual participants may not get the sense that a judge cares or a judge may not be able to fully understand a case. Carey, Finigan, and Pukstas (2008) explored eighteen drug court programs and found that the programs that had assigned judges had greater graduation rates than those courts that had rotating judges.

Judicial interaction during status hearings has been a common element addressed in research and appears to be an important aspect of the drug court (Sanford & Arrigo, 2005; Goldkamp et al., 2001a). Listwan, Sundt, Holsinger, and Latessa (2003) examined recidivism of participants in a Cincinnati drug court and found that participants who attended status review hearings had an effect on drug-related arrests but not for other offenses. Other studies (Festinger et al., 2002; Marlowe et al., 2003) have found that status hearings were not associated with favorable outcomes. However, Gottfredson et al. (2007) found that clients in the Baltimore City drug court note that judicial hearings, along with drug testing and drug treatment, were effective for reducing drug use or crime. Judicial hearings are important, as they can offer participants a sense of fairness and due process while allowing the non-adversarial approach of the court to implement sanctions and constraints. Drug testing and treatment were shown to reduce multiple-drug use frequency (Gottfredson et al., 2007).



Overall, these findings suggest that the use of judicial supervision through status hearings, drug testing, and treatment as mediators within drug courts is important for participant success (Gottfredson et al., 2007).

### *Treatment*

Among the major components of drug courts is the implementation of treatment. In fact, this is the first component indicated by the National Association of Drug Court Professionals Drug Court Standards Committee (NADCP) (Drug Court Programs Office, 1997). Communication with other team members, drug testing, and providing the step-by-step recovery processes are the main functions of the treatment component. This component also includes addressing needs such as education, housing, mental illness, sexually transmitted diseases, and employment (Drug Court Programs Office, 1997). Research has revealed that drug courts vary with regards to how they use treatment. Finigan and Carey (2001) note in their analysis of previous process evaluations how drug court “programs differed widely in the length of the phases and the components of each phase but were common in their movement from more intense phases to less intense phases” (p. 5).

The importance of treatment with drug courts is evident within the research. Banks and Gottfredson (2003) examined how both supervision and treatment affect outcomes of the drug court. They found that participants who received both supervision and treatment were the least likely to fail. Individuals engaged only in treatment had similar outcomes, thus indicating that supervision had less of an effect on success than treatment (Banks & Gottfredson, 2003).

Using national survey data of drug courts, Taxman and Bouffard (2002) found that initial eligibility is based upon legal factors as determined by the prosecutor’s office and then

assessments are usually made by treatment providers to determine substance abuse eligibility. Respondents indicated that, although there is access to other treatment services, such as residential services, they are not readily available when needed and as a result, most rely on outpatient services. In terms of integration, some courts face challenges of case management as there are not clear definitions of who is the case manager, the use of different drug-testing techniques, and inconsistent or non-existent protocols for sharing information (Taxman & Bouffard, 2002).

Bouffard and Taxman (2004) also examined four drug courts, two rural and two urban, and the delivery of the type of substance abuse treatment and social services to participants. They utilized interviews and direct observation methods. Most of the programs offered individual/group counseling, relapse prevention, social/coping skills, and self-help (12-step) interventions. It was observed that two of the four programs had more defined treatment phases whereas the others did not have identifiable treatment phases (Bouffard & Taxman, 2004). Not having clearly defined treatment phases can pose problems for drug courts. This concern is related to those that were raised among some of the courts examined by Finigan and Carey (2001), who found that a court in Syracuse only clearly defined phases one (orientation) and four (graduation) thus leaving the middle, and most critical, phases not clearly defined in terms of requirements of treatment and criminal justice components. This leaves gaps in terms of treatment strategies and transition specifications that can impact program implementation and outcomes for participants (Finigan & Carey, 2001). Bouffard and Taxman (2004) also noted how the programs they studied could have provided other services for participants, such as vocational education, parenting skills, and preparation for

after program completion. The addition of these services could offer participants a better opportunity for success within and outside the program.

### *Process Evaluations of North Carolina Drug Treatment Courts*

Process evaluations have been conducted for several drug treatment courts in North Carolina. These are important to examine as their findings can be used to explore certain topics within the Watauga County drug court. Among the courts that have been assessed are Wake County (Innovation Research and Training [IRT], 2005c) and the combined Person/Caswell Counties (Innovation Research and Training [IRT], 2005b). These were chosen due to the urban nature of Wake County (District 10) and the rural nature of Person/Caswell (District 9A). The Person/Caswell combined drug court seems to have a similar setup as the Watauga County drug court, as Watauga and Avery County drug courts are overseen by the same coordinator and have shared team members (District 24).

These process evaluations explored the components of the drug courts and whether or not stated goals were being met. They utilized quantitative, qualitative, and observational data. Among the topics discussed were:

- participant characteristics.
- participant eligibility guidelines.
- stated goals of the court.
- team members and description of their roles.
- team functioning and decision making processes.
- intake processes.
- handbook overview and participant contract.
- treatment and supervisory phases for the court.

- sanctions and incentives.
- case management and judicial supervision.
- ancillary services.
- termination and graduation guidelines.

Some of these elements are also explored in the current research.

The findings for the process evaluations conducted in Wake County and Person/Caswell counties revealed several positive aspects of program operation that the courts had in common. Both revealed that team members reported communication in a positive manner with each other and participants. Other similar strengths of the programs included weekly monitoring in court, drug tests, and positive interactions with the judge that team members attributed to helping persuade participants to comply with the program. Team members in Wake County noted the importance of “dealing with participants as individuals and assessing their unique recovery challenges and needs; this sensitivity results in an individualized approach to processing participant cases and to issuing sanctions and rewards” (IRT, 2005c, p. 74).

Among the weaknesses or concerns of the programs is that team members from both programs indicated that access to ancillary services such as mental health are not fully accessible or utilized by participants. Team members from both programs indicated that having a meeting to solely discuss broad issues of the court that may be brought up in staffing would be beneficial as having these discussions during staffing limit the amount of time team members can discuss compliance of participants. Another issue that was brought up in both process evaluations concerned the role of the defense attorney. Both process evaluations found that participants questioned the extent to which the defense attorney was



“on their side” (IRT, 2005b, p. 29; IRT, 2005c, p. 40). To address this issue, it was recommended that the role of the defense attorney be clarified to participants and the non-adversarial nature of the courtroom dynamics in drug treatment courts be explained (IRT, 2005c).

### Outcome Evaluations

Outcome evaluations of drug treatment courts utilize a wide variety of methods, but most attempt to conduct cost-benefit analyses or compare recidivism and relapse rates of drug treatment court graduates to offenders receiving other sanctions. Outcome evaluations can identify important program components related to success and possible economic benefits and merits of such programs. This research is important to review, as they can provide insight into the elements of the drug court model, and how these elements may differ for different populations.

#### *Cost Benefit Analyses*

Drug treatment courts may offer a more feasible economic solution to addressing individuals who commit drug related crime or have substance abuse issues. Calculating the costs of using drug treatment courts can be difficult to determine, but many analyses show that they are less expensive than incarceration. A report provided by the National Institute of Justice (2006) indicates that calculating costs of drug treatment courts should include investment costs, benefits from avoided costs, and avoided victimization costs. A cost-benefit analysis for a drug treatment court in Multnomah County, Oregon indicated that the tax-payer savings for using a drug treatment court for 300 participants over a 30 month period amounted to \$1,442 per participant when compared to a “business as usual” treatment group (National Institute of Justice, 2006). The biggest savings were in avoided cost of jail



time which could be attributed to more intensive treatment and supervision which correlates with an offender committing less crime (National Institute of Justice, 2006). A study of Washington State's drug courts revealed that the five drug courts analyzed were more costly than regular criminal court, but that extra costs were due to frequency of using the court and treatment services, and that the results of reduced recidivism among those in the program yielded benefits that outweighed the costs (Barnoski & Aos, 2003). A similar finding was reported by the Institute of Applied Research of St. Louis, Missouri (2004) who found that the costs of drug court exceeded regular probation by \$1,449 per person. However, cost savings were evident among drug court graduates within the first 24 months after graduation because they spent less time in jail, were earning more wages through work, and were incarcerated for shorter lengths of time. Ultimately, there was a savings of \$2,615 per graduate of the program when compared to those who completed probation (Institute of Applied Research of St. Louis, Missouri, 2004). A United States Government Accountability Office (2005) report found that most of the courts they examined in their research were more expensive than conventional case processing but, once again, net benefits were evident when comparing recidivism outcomes to comparison groups. These examples of cost-benefit analysis of drug courts are important to convey public attention away from alternative, more punitive methods of dealing with substance abusers in the criminal justice system.

### *Relapse/Recidivism*

Outcome evaluations provide insight into how well drug treatment courts reduce crime and substance abuse among those who participate in the program. Gottfredson, Najaka, and Kearley (2003) examined the Baltimore City drug treatment court where 235 offenders were randomly assigned to either drug treatment court (n=139) or a control,

treatment as usual group (n=96). They note that the court is that of a “typical” drug court in that participants are screened for substance use, are assigned to treatment from a community-based treatment program, requires multiple urine tests, requires multiple contacts during the week with treatment, holds court frequently, and utilizes incarceration for those who terminate the program. The court differs from the typical in that they serve a large population, mostly African-American male heroin addicts, and the court utilizes intensive probation services for screening of substance use problems. Results indicated that a large proportion, 33 % of participants, were terminated from the program early on with the most common reason for termination being re-arrest. Recidivism outcomes that were examined included re-arrest percentage of participants, average number of new arrests, and percent of participants with at least one new charge for various crimes (e.g., violent, drug, public order). Two-year follow up outcomes indicated that those in the drug treatment group were significantly less likely to be re-arrested, have new arrests, or have new charges. They were also less likely than control group participants to be re-arrested for a drug offense. Once re-arrested, there were no significant differences between the two groups for actual conviction (Gottfredson et al., 2003).

To assess the effect of treatment on these outcomes, the researchers divided the drug treatment court participants into those who participated in a certified drug treatment program for at least ten consecutive days and those who did not (Gottfredson et al., 2003). Analysis of these results revealed that the treated group was far less likely to be re-arrested when compared to the non-treated and control groups. Overall, participants in the Baltimore City Drug Treatment Court program had lower re-arrest rates (66.2% compared to 81.3% of the control group) and had fewer new arrests (30% lower). In terms of the processes of the

program, it was found that sanctions for noncompliance and treatment were important factors that contributed to less recidivism among drug court participants (Gottfredson et al., 2003).

Wilson, Mitchell, and Mackenzie (2006) conducted a meta-analysis of drug treatment courts and revealed that participants in drug treatment courts are less likely to reoffend than similar offenders who are supervised under traditional correctional outlets such as probation. This study extended results of an earlier meta-analysis by examining more drug courts (see Belenko, 2001) and focused on evaluations that utilized comparison groups and measured some form of criminal activity as an outcome. Among the studies that were examined, only five of the 55 evaluations utilized random assignment and measures of drug use as an outcome variable (many of the studies only used arrest or charge data as opposed to directly surveying participants about drug use). Methodological issues in terms of creating comparison groups and utilizing random assignment have beleaguered research within drug courts (Wilson et al., 2006; Sanford & Arrigo, 2005). Making note of these shortcomings in methods and stressing the importance of future research to address these issues, Wilson et al. (2006) concluded that the pattern of results indicated that participants in drug court were less likely to reoffend versus those in comparison groups.

While Wilson et al. (2006) reveal that, in general, drug courts reduce the likelihood of reoffending, it is important to note that some studies have found no significant difference in terms of re-arrest between those in drug court compared to those not in the program. Wolfe et al. (2002) examined outcomes in San Mateo County of drug court participants and a comparable group of nonparticipants (were eligible but were not in the drug court) after two years of supervision for drug court participants and two years after disposition of initial arrest for the comparison group. Though drug court participants had a lower average number of re-



arrests of 1.8 compared to 2.0 for non-participants, this was not a statistically significant difference. There were also no significant differences in length of time to first re-arrest or likelihood of being re-arrested for a felony. Findings were significant for re-arrests when comparing graduates versus non-graduates of the drug treatment court, as those who graduated had lower re-arrest rates (Wolfe et al., 2002).

Miethe, Lu, and Reese (2000) examined Las Vegas drug court participants and found that recidivism rates for those in the program were higher than control group participants for both drug and non-drug charges. Based on their observations of the court, they noted there was “a wide disparity between its organizational rhetoric and actual practices” (Miethe et al., 2000, p. 536). They describe the operation of the court as opposite of the general image of drug courts that follow principles of Braithwaite’s (see Braithwaite, 1989) theory of reintegrative shaming. In this court, practice was more stigmatizing and produced a hostile environment where defendants who did not comply experienced stigmatization rather than reintegrative comments. Thus, the operations of this particular drug court resulted in the ineffectiveness of the program. Higher rates of recidivism among those who graduated were also attributed to participants no longer having a highly structured program and thus they may experience an “adjustment crisis” (Miethe et al., 2000).

### Conclusion

Research on the effectiveness of drug treatment courts is important to consider when determining public policy on these programs. While many studies have found a positive effect of drug treatment courts, this research is not unequivocal. Process evaluations of drug treatment courts can provide meaningful information to refine and improve programs as they focus on the how and why of drug court activity. They examine drug court to see if they



meet program goals, target the intended population, provide resources for treatment, have consistent court processes, provide services from other social resources, and if team members operate in a cooperative manner for the best interest of participants. Academia and government agencies have conducted research to examine both the processes and outcome effectiveness of drug courts. The research utilizing process evaluation techniques have found that judicial supervision, sanction strategies, and access to treatment are important components that drug courts should address to have successful program implementation and operation. Utilizing a process evaluation technique to examine the Watauga County drug treatment court can establish current strengths and weaknesses of the program in order to prepare the program for an outcome evaluation in the future.

## CHAPTER 3

### Methodology

#### *Process Evaluations*

The current study used process evaluation techniques to explore program operation of the Watauga County drug treatment court. Process evaluations can be utilized in the early stages of program development (Krisberg, 1980). They provide insight into how programs operate and modify to achieve the purpose of the program (Krisberg, 1980). Scarpitti, Inciardi, and Pottieger (1993) note that “process evaluations are designed to describe the dynamics of actual program implementation and to explain reasons for program outcome findings” (p. 72). Process evaluations can also examine the function of team members and the central components of a particular program. Important questions asked in a process evaluation include those that address team functioning, focus of targets, effectiveness of team members and their agencies, and changes in design or implementation of the program (Scarpitti et al., 1993).

Heck (2006) notes that all drug courts should define specific programmatic elements and these should relate to program goals, target population, substance abuse treatment, court processes, units of service, team member cooperation, and community support. Programs should be evaluated on the basis of whether the program is meeting stated or written goals (Heck, 2006). The target population refers to whether the population served by the drug treatment court is narrowly defined and if these restrictions are enforced. Substance abuse treatment should be assessed on whether or not the steps outlined for the program are being

followed. Court processes refers to the documentation and access to participant information. This includes phase advancement, sanctions, incentives, supervisory reports, and graduation. The needs of participants, services to meet these needs, whether participants utilize available services, and how accessible and effective they are can be assessed as units of service. Team member cooperation can be assessed on how members feel about their interactions with other team members. Finally, team members can provide insight into how the program is being received by the community (Heck, 2006).

To specifically examine the component of treatment, Taxman and Bouffard (2002) suggest that process evaluations should explore the extent of this integration by asking questions such as: what is the process used to assess risk and need; what are the needed areas for effective treatment planning; who does the assessment; who determines criteria for progress; how are positive drug tests handled; what are the criteria for sanctions and how do these address treatment; what is more important, treatment progress or supervision progress; and who is largely responsible for making these decisions.

Longshore et al. (2001) note that it is important to examine how drug court characteristics can be effective and propose five dimensions to establish a conceptual framework of drug courts: leverage, population severity, program intensity, predictability, and rehabilitation emphasis. These dimensions offer precise structural and procedural guidelines that extend on the therapeutic jurisprudence concept proposed by Hora et al. (1999).

Leverage refers to the nature of consequences faced by incoming participants if they later fail to meet program requirements and are discharged from court. Population severity refers to the characteristics of offenders deemed eligible to enter drug court. The other three dimensions are process characteristics. They describe what happens to participants as they proceed through the drug court program (Longshore et al., 2001, p. 11).

These dimensions offer a framework for which researchers can better identify aspects of drug court programs to help explain outcome evaluations (Longshore et al., 2001).

Consistent with previous research, the current process evaluation utilized qualitative research methods for assessing the Watauga County drug treatment court. Recommended research strategies include in-person interviews with program staff, interviews with participants, direct observations of court sessions and team staffing, surveys, and examination of written materials (Scarpitti et al., 1993). Such techniques offer the ability to gain insight into nature and quality of program components (Scarpitti et al., 1993). The present study utilized in-person interviews with team members and observation of staffing and court procedures in order to understand program operation and team functioning. Surveys were not given to team members as questions within the in-person interview covered the topics of interest. Access to personal information and time constraints limited the ability to garner information from drug court clients.

### *Participants*

In-depth interviews were conducted with team members of the Watauga County drug treatment court. Team members who were interviewed included: one district court judge, one assistant district attorney, one defense attorney, the drug court coordinator, the drug treatment provider, the probation officer, the social services liaison, one law enforcement liaison, and a representative from sentencing services. As noted in Table 1, these represent most of the major team members of the Watauga County drug treatment court program.

### *Measures*

Prior process evaluation research (e.g., Longshore et al., 2001; Scarpitti et al., 1993; Heck, 2006) provided the basis for forming the questions for Watauga drug treatment court



members. Based on this research, questions pursued the attitudes of team members for various aspects of the program. Topics within the interview schedule included: description of role as a team member, training, perceived goals and targets of the program, access to treatment and social services, treatment and sanction strategies, changes in program design, strengths and weaknesses of the program, communication and cooperation efforts among team members, opinions regarding changes in eligibility requirements, extent of community support for the program, and overall opinion about program operation. The full interview schedule can be found at Appendix A.

### *Procedure*

Contact information for team members was provided by the drug treatment court coordinator. Team members were contacted by email and phone to set up an interview time at their convenience in their workplace. All interviews were done in person and lasted an average of 30 to 40 minutes. Interviews were conducted within each team member's workplace to ensure their comfort. Before their interview, each team member was asked to sign an informed subject consent form that indicated that the interviews would be audio-recorded. Each team member was given a copy of informed consent and the interview schedule so they could follow along with the questions that were asked. Within the informed consent, team members initialed their approval for use of audio-recording. The subject informed consent can be found at Appendix B.

Audio-recording was utilized to ensure validity of transcriptions. Once interviews were completed, transcriptions were typed and analyzed. One direct observation of team staffing prior to court and the court session itself occurred in June 2009. This was done to familiarize team members with the research project, set up interviews with team members,

and observe team member interaction, function, and characteristics during staffing and the court session.

Due to the nature of the research and small group setting, confidentiality for participants could not be assured as particular roles within the organizational setting may be an important factor in understanding primary questions of interest. Within the results section, team members are identified by an “R” indicating respondent and a corresponding number to which their interview transcription was assigned. To minimize risk for when quotes were identified by position, team members were given reasonable opportunity to review the presentation of results that were directly attributable to their particular position and responses. The researcher compiled quotes used in the analysis that were directly attributable to certain positions and allowed the person in that position to review the presentation of their statements.

Each interview utilized the same interview schedule. Efforts were made to not deviate from the interview schedule, but occasionally certain topics brought up in the interviews justified additional questions for research purposes. The coordinator was asked additional questions about the program, including program description, program procedures, and participant data.

## CHAPTER 4

### Descriptive Results

According to the coordinator, the Watauga County drug treatment court has seen 35 participants graduate since it began operating in 2006. None of the graduates has been re-arrested for any crimes. Thus, in terms of re-arrests as an indication of recidivism, the program has been successful in helping graduates not commit crimes. However, as pointed out by R7<sup>3</sup>, success of a program depends on how recidivism is examined:

If measuring as they have down in Florida as far as re-arrest, our graduates have not been re-arrested. If you measure in terms of people staying clean, not testing positive again and not using drugs again, I know of several that have graduated, well I know of one that graduated and within a month was using again.

While the program has been successful in terms of graduates not being re-arrested, there are concerns about how to monitor and measure drug use by graduates after completion of the program.

In an effort to provide demographic information about current active participants, Table 4 provides participant information for age, marital status, race/ethnicity, and employment status upon entry into the program. Overall, participants are in their late 20s and more men are active in the program than women. Most are single and have part-time employment status. Five of the 12 individuals who work part-time are also active students enrolled in a local community college or seeking a GED. The types of crimes committed by participants that initiated enrollment in the program include: possession with intent to sell

---

<sup>3</sup> Respondents will be matched with their role only for those comments in which such identification is substantively important. Otherwise, for general comments, respondents will merely be identified with a number (e.g., R7).

controlled substance, possession of drug paraphernalia, felony larceny, felony breaking and entering, driving while impaired, obtaining property by false pretense, and obtaining controlled substance by fraud/forgery. Most common charges were related to possession of a controlled substance and felony larceny and felony breaking and entering.

Table 4

*Demographics of Active Participants*

<b>Age of Participants</b>	
Average Age	28.5 years
Median Age	27.5
Range of Ages	19 - 47
<b>Gender</b>	
Female	4
Male	12
<b>Race/Ethnicity</b>	
African/African American	1
Caucasian/White	15
Native American	0
Hispanic	0
Other	0
<b>Marital Status</b>	
Married	1
Divorced	0
Living with Someone	0
Separated	2
Single/Never Married	13
Widowed	0
<b>Employment Status Upon Entry into Program</b>	
Unemployed (Available for and/or actively seeking)	2
Full-time (35 hours or more per week)	1
Part-time (Under 35 hours per week)	12
Student	1
Disabled	0
Other	0



### *Description of role as a team member*

Team members' official roles were discussed in Chapter 2. Team members' own descriptions of their responsibilities were generally in accordance with the official version outlined in the handbook. All referred to their direct associations within their respective agency, and noted that they each participate in team staffing prior to court sessions and attend court sessions. The Assistant District Attorney acts as the "proverbial gatekeeper," as one team member indicated that "the way folks typically go into drug treatment court is referral from district attorney's office." Cases can enter the program through two avenues: referral from the District Attorney's office or an approval of a referral from probation for use as an intermediate sanction in response to a probation violation. The defense attorney noted that the main role of their position was to provide assistance to participants in helping them understand the legal consequences of their actions and how failing to comply may lead to termination. Both the prosecution and defense attorney noted that the drug court are different for them when compared to regular criminal courts, as their working dynamic becomes one of seeking what is best for a participant, not necessarily what each hopes to gain for their respective position.

In terms of interaction with participants, the judge indicated that final approval for actions rests with this position, but it was also strongly stressed that input regarding incentives, sanctions, or other aspects of the program is a team, collaborative effort.

As it relates to the participants I guess, the reality is that I am the one the participants come in front of and from their perspective I am the one that can say if they are going to jail or being discharged from the program. So I guess from their perspective, I am the ultimate authority in drug treatment court. I really try to impress upon them that it is truly a team effort and that I am simply the spokesperson for the team.

This statement establishes how the role of the judge is different within drug court compared to the typical adjudication process. Nolan (2001) notes that judges should engage with participants directly and acts as a motivator in the treatment process. Speaking to the differences between judges, prosecutors, and defense attorneys, Olsen et al. (2001) note that drug courts are different than other courts because a non-adversarial workgroup dynamic is important for team members to establish and it is imperative to success. Burns and Peyrot (2003) suggest that drug courts deviate from regular criminal courts in that lawyers do not have competing roles and that the judge sheds neutrality in exchange for actively trying to help clients. They also recognize that “drug courts are a hybrid of therapeutic and criminal justice discourse in which the judge becomes a kind of therapeutic administrator. The hearings resemble a form of ‘tough love’ in which the therapist-judge holds the threat of incarceration over the client” (Burns & Peyrot, 2003, p. 418). A judge does this by incorporating treatment, criminal justice, and community services to help clients with their addictions and subsequent criminal behavior (Burns & Peyrot, 2003). Based upon team member comments, the Watauga County drug treatment court operates in a manner consistent with therapeutic jurisprudence, where the court and other team members collectively discuss cases before final decisions are made. Thus, the concept of a non-adversarial workgroup has been established within this drug court. Having a team dynamic is an important component of the drug court and the Watauga County team approach to helping participants is consistent with the recommended model of drug treatment courts as provided by previous research (Olsen et al., 2001; Drug Court Programs Office, 1997; Carey, Finigan, & Pukstas, 2008; Hora et al., 1999).

The drug treatment court coordinator is the only funded position specifically for this drug court. Other team members work within their respective agencies and have agreed to help the drug treatment court in addition to their normal duties. This position is responsible for monitoring and documenting participant information and progress at the entry point into the program and during the program. Preparing information for team members in a timely manner before each team staffing, assuring intake and assessment steps are completed, and coordinating with all members of the team to assure that participants have access or attend all services are among the responsibilities indicated by the coordinator.

The probation officer supervises all participants and meets with them weekly. Duties include conducting drug screens, warrantless searches, record checks, and verifying employment. The law enforcement liaison provides information to team members about a participant's criminal history and current charges and updates on participant's relations within the community. The treatment provider works with participants to help them become sober and alter their lifestyles by directly providing treatment. Both the probation officer and treatment provider indicated their close working relationship, as each meet with participants once a week and conduct drug screens. Thus, their working relationship builds on the premise that treatment and supervision together can improve participants' likelihood of success (Banks & Gottfredson, 2003).

The social services liaison and sentencing services liaison are the newest additions to the team. It was agreed among team members that participants face issues regarding family needs, education, employment, and inpatient treatment services; thus, these two positions were added to try and provide information to the team about options to address these needs.



Overall, team members stressed the importance of collaborative efforts in making decisions about participants.

### *Training for team members*

The coordinator, district attorney, and judge attended national conferences that were developed for training new drug court programs. These conferences included classroom material and observation of established drug courts. State conferences, workshops, and observations of other drug courts were the extent of training for most of the other team members. The newest additions to the team, community services liaison and sentencing services liaison, reported that they had no formal training for their position within the court but that they received information about the program through the handbook.

Among those who attended conferences and workshops, they reported that they were able to gain meaningful information about treatment and sanction strategies. Similar benefits of training were observed within a process evaluation of the Wake County, North Carolina drug treatment court as team members who attended conferences reported that they were beneficial, and that having new team members attend state or national conferences and workshops would “enhance team members’ capacity to effectively fulfill their role on the team, increase new members’ knowledge of the other team members’ roles, responsibilities and resources, and avoid the blurring of role boundaries” (IRT, 2005c). Training is considered to be an important component to operating a successful drug treatment court. It provides educational opportunities for team members to gain an understanding about the various aspects of team member roles within the court and how team members should collectively address issues that arise in the court (Drug Court Programs Office, 1997).



### *Goals of the program*

Consistent with research on drug treatment courts (e.g., Drug Court Programs Office, 1997), all the team members agree that the key goal of the drug treatment court program is to stop the abuse of alcohol or drugs and related criminal activity that ensues. For example, R1 indicated that

Our first and foremost goal is to help people become clean and sober and to keep them that way throughout their entire lives hopefully. It's to give them the tools to remain clean and sober and to have a productive life. The secondary goal of the program is the criminal justice aspect of that.

In reference to the comments by R1, the collaboration of treatment and criminal justice are the unique elements of drug courts (Drug Court Programs Office, 1997). With the central goal being to provide treatment for substance abusers, the influence of the criminal justice system can impact crime related activity that is attributable to drug abuse (Olson et al., 2001).

The recognition of these goals is consistent with Taxman and Bouffard's (2002) claim that

Therapy should be tied to the nature of the use...and criminal activity. If the therapy addresses ancillary behavior but not the primary behavior of substance users, then the gains from drug treatment court participation are expected to be less, and less directly tied to the reduction of recidivism. (pp. 1666 – 1667)

Stopping substance abuse and reducing recidivism were indicative of the responses given by all respondents. R6 noted that drug courts can be used as an alternative to incarceration and help alleviate overcrowded prisons as well as reduce costs of accommodating substance abusers.

I think that the legislators and legislature as a total have looked at the numbers and have realized that there is no way that they can address our drug problem in this state and resulting crime problem from that by building more prisons because we don't have enough space and we most certainly don't have enough money to just lock them away. So they feel constraint regarding the growing prison population and the cost of building and outfitting and staffing those prisons. And I think they have realized it is much cheaper to have a program such as drug treatment court as it saves a tremendous amount of money to keep these people on

the street and treated and then out of courtrooms after that because they are not recommitting offenses.

The program also offers offenders the opportunity to maintain family and social ties such as employment. R8 related goals of the program to habilitation of individuals.

To treat chronic substance abusers and provide help in the community as an alternative to incarceration so they can be with their families and they can support, be productive members of society and may be change some long learned negative habits that they have.

Thus, there was an overall consensus among group members that the ultimate goal of the program is to help participants abstain from substance abuse, and if this is addressed, resulting criminal activity will also diminish.

### Analytical Results

The following discussion examines important themes that emerged from in-person interviews with team members. In addition, the relationship between these themes and those reported in previous research on drug treatment court operation and function will be addressed. Morse and Richards (2002) define a theme in terms of how data is collected and analyzed to reveal common threads throughout responses. Themes were identified by the researcher through comparison of responses by team members. The themes that emerged from the analysis include: participant eligibility, judicial supervision and participant accountability, access to treatment and social services, treatment and sanction strategies, team communication and cooperation efforts, and community support.

#### *Participant Eligibility*

According to the Watauga County drug treatment court manual, offender eligibility restrictions include that participants seeking entry into the program must meet the following criteria: a resident of Watauga County, alcohol or substance dependent, charged with a Class

H or Class I felony drug charge and/or property crime which is indicative of drug dependency issues, enter program voluntarily and acknowledge his/her addiction, no mental health problems that prohibit meaningful participation, no prior convictions for violent offenses, and did not possess firearm at time of arrest.

Responses of the team varied when addressing the question of whom they feel the program intends to target. Some noted that the court tries to get the “hard cases” or those who have been abusing drugs for long periods of times. Support for this view was provided by R4, “I like to take on the tough cases, the people that have the most time over their head because to me these folks are those that have the most to lose and the most that are likely to reoffend.” Similar support for taking on hard cases was provided by R6, “We do take on felons, in fact, I’d rather them be felons because then we have higher amount of coercion because of higher prison sentence with which to encourage them (i.e., coerce them into initially complying).” An interesting issue with such comments was the definition of hard cases. These responses seem to indicate that hard cases may not necessarily be related to substance abuse history, but rather participants facing more serious charges and possible sentences. According to R6, while the court does take the felons who are eligible, they also take misdemeanants. Felons have more sentence time and serious legal consequences facing them if they do not complete the program compared with misdemeanants. R6 indicated that this is problematic because misdemeanor charges do not bring as much coercive power for getting participants to comply than those with felonies. The coercive nature criminal justice procedures to seek treatment, such as that found in a drug court, has been found to be effective as it increases the likelihood of success in entering and remaining in treatment (Farabee, Prendergast, & Anglin, 1998).



R6 also indicated the dichotomous nature of participants in the court as it seems to serve a population that is different than other drug courts.

So here we are dealing with a different population, we get a lot of students, we do treat felonies, we get a lot of misdemeanors, although that creates problems because their sentence exposure is quite a bit lower. So I would say that our target here in Avery and Watauga is a lower target population, not in terms of numbers, but in terms of risk of offenders than is really anticipated by the federal program and what is encouraged.

Being near a university, more college-age students are in the program than may be typical. These cases are mixed in with some offenders who have long, non-violent criminal and substance abuse histories. The view among one team member is that this program may be being used by college students to simply have charges removed from their record and that there are not enough incentives for individuals with long substance abuse and criminal histories to be in the program.

Drug court seems to be, it's beneficial to all kinds of people, but it looks like there's a lot of college students that take advantage of it, you know they got caught doing something and that's going to change their life if they don't get rid of that felony. So it looks like it works really well for those kinds of young people or students. There's sort of, seems like there's fewer of those people that have that ingrained, not college students, but older people that have that have some longer history, longer criminal backgrounds that just don't see the point of why get rid of this one thing when I have all of these other things already. I wish there was more of an incentive to get them into it. But I guess the ultimate goal is to get the first offenders and not have them offend again (R2).

This issue of age and trying to provide incentives for persons with longer criminal histories and substance abuse problems has been examined in prior research. Saum, Scarpitti, and Robbins (2001) conducted a study of participants in Delaware drug courts and found that age was a significant factor in outcomes of the program, as older participants were more successful than younger ones in terms of graduation rates. They attribute such outcomes to older offenders wanting to cease their criminal careers and seek help for their addiction



(Saum et al., 2001). Research suggests that the program could seek ways to better target older individuals who have longer criminal histories and substance abuse problems in a effort to curb their criminal behavior.

In relation to offense types, there was some discussion among team members about the extent of allowing violent offenders into the Watauga County drug court program. For this drug treatment court, violent offenders are those who have been charged or convicted of an offense involving use of a dangerous weapon, use of force to cause bodily harm, or use of force with intent to cause death. There was a consensus among team members about excluding violent offenders. This is consistent with the suggested key components of drug courts (Drug Court Program Office, 1997). According to Saum et al. (2001), the main issue involving violent offenders being in a community based program is the perception of dangerousness by the public, legislation, and criminal justice system. This eligibility requirement is present in most drug courts throughout the country and is based on the Violent Crime Control and Law Enforcement Act of 1994 which indicated that funds for drug court programs may only be used for non-violent drug-involved offenders (Saum et al., 2001). Thus, this eligibility requirement is often due to political motivation where get tough on crime policies are supported by the public and, therefore, substance abuse treatment for violent offenders is not a priority (Saum et al., 2001). In a study that addresses the issue of violent offenders within drug treatment courts, Saum et al.'s (2001) study in Delaware found that clients with more lifetime criminal charges and those with a history of violent crime were more likely to have unfavorable outcomes within the drug court compared to those with fewer criminal charges and those who did not have a history of violent offenses.

Compared to other drug courts within North Carolina, the Watauga drug treatment court has similar eligibility requirements. Table 5 provides eligibility information for Watauga County drug treatment court in comparison to a rural and urban drug court within North Carolina. Watauga drug treatment court has taken more steps than the rural comparison to specify eligibility. It has very similar guidelines to the urban counties eligibility criterion. The main difference between Wake and Watauga is that Wake may consider violent offenders and those charged with trafficking if they have not had charges or convictions within the last five years. Watauga County does not consider those with violent convictions for the program.

Table 5

*Program Eligibility Comparisons for Drug Courts in North Carolina<sup>4</sup>*

	<u>Watauga</u> (rural)	<u>Person/Caswell</u> (rural)	<u>Wake County</u> (urban)
<b>Offense Type</b>	<ul style="list-style-type: none"> <li>Charged with a Class H or Class I Felony drug charge and/or property crime which is indicative of drug dependency issues</li> </ul>	<ul style="list-style-type: none"> <li>Be eligible for community or intermediate punishment for all pending offenses</li> </ul>	<ul style="list-style-type: none"> <li>Post-plea arrangement for the conviction of a Class H or I felony or a misdemeanor in District Court</li> <li>Part of an arrangement for a probation violation</li> </ul>
<b>Residency</b>	<ul style="list-style-type: none"> <li>Must be a resident of Watauga County</li> </ul>	<ul style="list-style-type: none"> <li>Must be a resident of either Person or Caswell counties</li> </ul>	<ul style="list-style-type: none"> <li>Must be a Wake County resident</li> </ul>
<b>Substance Abuse</b>	<ul style="list-style-type: none"> <li>Be alcohol or substance dependent</li> </ul>	<ul style="list-style-type: none"> <li>Chemically dependent as determined by the screener and the Substance Abuse Subtle Screening Inventory</li> </ul>	<ul style="list-style-type: none"> <li>Chemically dependent as determined by the screener and the Substance Abuse Subtle Screening Inventory</li> </ul>
<b>Violent Offenders</b>	<ul style="list-style-type: none"> <li>No prior convictions for violent offenses</li> </ul>	<ul style="list-style-type: none"> <li>No requirements indicated</li> </ul>	<ul style="list-style-type: none"> <li>Must have no charges or convictions for violent offenses in the last five years</li> </ul>
<b>Traffickers and/or Sellers</b>	<ul style="list-style-type: none"> <li>Defendants who have been charged or previously convicted of trafficking or the sale of controlled substances not allowed</li> </ul>	<ul style="list-style-type: none"> <li>No requirements indicated</li> </ul>	<ul style="list-style-type: none"> <li>Must have no charges or convictions for trafficking in last five years</li> </ul>
<b>Age</b>	<ul style="list-style-type: none"> <li>No requirements indicated</li> </ul>	<ul style="list-style-type: none"> <li>Must be 18 years of age or older</li> </ul>	<ul style="list-style-type: none"> <li>Must be 18 years of age or older</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>Defendants with charges/convictions of possession of any precursor chemicals are excluded</li> </ul>	<ul style="list-style-type: none"> <li>Meet all other reasonable eligibility requirements established by the local program</li> </ul>	

<sup>4</sup> Sources: *Watauga County Drug Treatment Court Handbook*; *Process Evaluation of the Person/Caswell Drug Treatment Court*; and *Process Evaluation of the Wake County Drug Treatment Court*

Within the theme of program eligibility, the issue of allowing individuals who sell was a topic discussed by most team members. Program eligibility requirements state that those who have been convicted of trafficking or sale of controlled substances are not allowed in the program. According to R6, the decision to not allow sellers into the program has been driven by the district attorney's office and treatment providers.

That is an area that has really been dictated by the district attorney's office and by treatment. The DA's position is if they are a seller of controlled substances then they are not in the program and they are not eligible. They are very clear in the federal training that the DA is the gatekeeper to the program... DA won't take them and that's their – they have to look at and weigh out politically and from a public perspective what they are willing to do and what they are not. As to treatment, treatment's position is that if it is a person that they think creates a problem in group dynamics because all of these folks are in there together. If we have a group of simple users and then put in a seller, it runs the risk that the dynamic could change or be altered in a negative way with presence of dealer in the group.

R4 offered insight into this issue by indicating that having this as an eligibility requirement is important, "I think we need to keep [it]. The reason we have that rule [no drug sellers] – I like it – because we don't need people in the program selling drugs to other participants." The probation officer also supported the policy as he noted that "if there was an exception, everyone would have to be comfortable that they are not involved in that in a big way – don't want them to mess with the people that are trying to be successful as far as selling drugs to them and going to group, using it as a place to meet and that context to distribute drugs."

Some team members indicated that they thought these types of cases should be taken on a case-by-case basis, as law enforcement could offer insight into the nature of these convictions rather than saying a definite "no" to all circumstances of selling or trafficking. R2 noted that not having those that sell in the program limits people who may need the service, "I understand the treatment perspective behind like not having people that sell. But



that certainly cuts out people that I think it could target.” Another team member noted the difficulties, but potential benefits, of considering such participants.

For example, right now the district attorney is not very keen on taking people into the program who have been caught for selling drugs. Which I truly understand his perspective in that, but the fact remains that a lot people that we catch selling drugs are selling drugs because there is an underlying addiction problem. They are not out here making tons of money, they are out here just trying to feed their own addiction. So, personally I would like to see cases looked at on a case by case deal to make sure people aren’t falling through the cracks. Just because they sold doesn’t mean they are not an addict. But it does require some scrutiny because you don’t want a person who is a bona-fide drug dealer to be able to get out of his criminal charges simply because he is able to go through a program like drug treatment court. (R6)

However, the district attorney’s response to sellers being allowed in the program indicated that they do take cases in the program after an evaluation of circumstances and assessments have been made. “If it’s determined that a person is selling drugs merely to maintain or to feed a habit then they would be allowed to go into the program. If it is someone who is out there selling drugs for profit, not to support/feed their habit, then no, they are absolutely not allowed.” Thus, there seems to be confusion among team members with regards to having individuals who face trafficking or selling charges being admitted into the court in terms of their eligibility and whether or not cases are currently taken on a case-by-case basis.

Some team members expressed concern with another aspect of participant eligibility as it relates to participants fewer than 18 years of age. There has not been an established criterion for age requirements within the Watauga County drug program. Several respondents indicated that this was a problem. One case in particular was mentioned by several team members as evidence of this problem. R7 noted how those under 18 years of age can face hurdles in the program, particularly in terms of in-patient treatment that may be needed,

Right now we don't have any where to send 16 and 17 year olds for treatment. They can't go to DART because they are less than 18. Most of the facilities in the state won't take them because they are less than 18. And yet we have somebody that needs that level of care and there's absolutely nothing we can do with them, they are just kind of in a "catch-22."

R8 reiterated the problems with a lack of in-patient treatment for young offenders. "I think there's a real gap in treatment for 16 to 18 year olds. Some of the facilities will not take anyone under 18 and yet they are in the adult system."

Overall, while team members seemingly agree that the program is targeting those whom it intends to target, there does not seem to be a clear and concise outline of who is eligible for the program and whom the team ultimately wants to target. Some team members acknowledged that this eligibility requirement has been established and maintained by the district attorney and that exceptions are not made for individuals who sell. In other words, there does not seem to be a complete understanding by team members of the views held by the district attorney regarding offenders who sell. However, the response by the district attorney indicated that cases *are* taken on an individualized basis. Thus, there seems to be confusion among team members regarding the extent to which the district attorney will allow sellers into the program.

#### *Judicial Supervision and Participant Accountability*

The prevailing response by team members indicated that judicial supervision was an important component of the program. This judicial supervision provides immediate sanctions that are not found in regular criminal courts. The drug treatment court meets bi-weekly and, each time, participants are addressed individually by the judge to explore progress in the program. R3 notes the importance of having frequent court sessions in front of a judge. "The best thing is them knowing they have to go to court every two weeks and

will be held accountable for what they've done.” Rather than waiting two or three months or longer, decisions are made within the court session as to how to respond to positive or negative behaviors of participants. One respondent notes how immediate accountability is a strength of the program.

I feel that the immediate sanctioning, if that is required, I think that works best – the immediate accountability of the program is so important we have court every two weeks. If someone is not in compliance then that is dealt with – the longest it can be is two weeks – versus other types of programs where they can be out for months and months before they are brought back into court. (R1)

In relation to the pressures of attending court in a structured and frequent manner, another respondent also indicates the importance of this participant accountability.

Well, what I really like about drug court is the accountability. You have people going before a judge every two weeks, biweekly, and there's a lot to be said about that. It gets people's attention. It's very intensive – we do an enormous amount of drug screens. If someone is not complying, they are going to get caught. They are not going to get by with it very long. And that's what we need – it's important for public safety and helping people out. The accountability piece is very important. And I think the part I like about it is the treatment team and the court appearances and having to go before a judge – that gets people's attention. (R4)

Knowing that incentives or sanctions are immediate offers leverage over a participant that is unprecedented in other courts (Longshore et al., 2001). Having a judge take the time to interact with each participant signifies the level of judicial supervision, which has shown to be an important component of the drug court model as it can give participants a sense that the judge is interested in their case and interacts with them on a personal level rather than enacting a sentence (Logan et al., 2001; Satel, 1998; Gottfredson et al., 2007). Nolan (2001) notes that judicial compassion can go far in drug court and that judges should interact with participants to show both concern and toughness when addressing issues that arise. Building self-esteem for participants is imperative, and drug courts allow judges to personally know



participants by name which allows them to form a bond that is not present within the assembly line atmosphere of regular courts (Nolan, 2001). During an observation by the researcher of one Watauga County drug court session, the judge addressed each participant as “Mr.” or “Ms.” and spent time asking each of them about employment, family life, and treatment. Because it is a relatively small program, the time allotted in court sessions allows the judge to interact with clients. Taking the time to interact with participants shows that a judge wants to monitor their progress and tries to address problems that they may have. This hands-on approach is the recommended approach for judicial supervision in drug court (Hora & Stalcup, 2008).

There is a concern, however, among some team members, especially the social services liaison, that the requirements of the program can be overwhelming for participants, especially for mothers.

I have to have my own case plan with them...my case plan is get substance abuse therapy so she is doing that through the drug treatment court but you know also making sure she needs to find housing and find a job...A lot of things overall and for you and I, we can handle all of those things, some people with substance abuse problems get overwhelmed. Or, it's been a struggle fitting that mental health piece in there like if someone needs medicine for their mental health issues how does that work with drug court. Are we just not accepting people that take meds...Drug court is not easy. Some people if they don't have a strong mental health they might just be overwhelmed.

Attending treatment sessions, having a job, attending court, and attending meetings with other agencies can cause an already fragile individual to not succeed because of all of the requirements. However, only one team member suggested that court be held less often to an every three week term rather than bi-weekly in order to accommodate participants' schedules and also the schedules of team members. This is a topic that should be discussed among team members, as some previous research indicates that status review hearings are not



effective (Festinger et al., 2002; Marlowe et al., 2003) whereas other process evaluations and outcome evaluations have found that status hearings do have an impact (Gottfredson et al., 2007; Goldkamp et al., 2001b).

In relation to participant accountability, several team members indicated that the drug court program allows for a level of human interaction that does not occur within other courts. The participants interact with each other on almost a daily basis and this can develop a group mentality and network of support. Within a court setting, participants are engaging in conversations with team members and it is communicated to participants that the team decides the best course of action for participants. R8 suggests that the drug court setting offers participants a different level of interaction when compared to other types of courts.

It is also, a goal is to integrate those members of society that may have been looked upon in a negative way into more of a prosocial group with interacting regularly with judges and defense attorneys and members of the community. So there's not, maybe not so much, mistrust of the system that the system is all of us and it's not just you know law enforcement and judges and DA's or against people who have problems – it is kind of more an integration that issues substance abuse and crime are issues for all of us as community members and society.

The non-adversarial nature of the court and workgroup dynamics is a strength of the program, as team members are placed in a position where their voices can be heard, and participants are able to interact with judges and attorneys on a different level than criminal court.

While judicial supervision in the form of bi-weekly court sessions was discussed as an important component to the drug court, most team members indicated that the lack of a permanent district attorney and judge was a major weakness of the program. Though judicial accountability is greater in drug treatment court compared to other courts, team members felt that not having a permanent judge reduces this effect. The judge expressed a desire for being

able to keep one judge in the court. The district attorney was especially concerned with this issue.

One of the aspects of the program that I am concerned about is the lack of conformity and what I mean by that is, at least in my opinion and purely my opinion, the most successful drug treatment court program you are going to have is one in which they go before the judge each session. And unfortunately, because the way our district is set up, we are not able to have the same judge there each week. So I think you lose some of that consistency and some of the bonding that you might have between participants and the judge, and I think you lose some of the possible influence or effectiveness of the judge.

It may be a month or more before the same judge sees participants again in the court. As a result, consistency and bonding with judges may not amount to what it could be if the same judge attended each court session. R3 also noted how not having the same judge can impact team staffing time as a result of a judge having to catch up on information. “Sometimes we have 3 to 4 different judges and it takes them longer to get up to speed on all the offenders.” Without the same judge, effects of judicial supervision and participant accountability might be weakened as participants may not feel the leverage like they would if they were accountable to one judge who develops a personal interest in their case (Longshore et al., 2001; Goldkamp et al., 2001a; Logan et al., 2000).

#### *Access to treatment and social services*

Treatment for participants in the program is provided through one agency, New River Behavioral Healthcare. The treatment provider has been working with the community and criminal justice agencies for 14 years through providing treatment for individuals on supervised probation. Thus, having this longstanding relationship with criminal justice agencies has been helpful in team members respecting the opinion of the treatment provider. There was a unanimous consensus among team members that participants receive quality treatment through the treatment provider and that this agency is the most critical element to

successful completion of the program. R6 noted that, “the best part of this program is the treatment they are receiving. It is more intensive treatment than anything other than inpatient. Much better treatment than what they would be receiving than through to normal probationary sentence.”

It is important that participants have access to treatment, as the treatment component has been shown to be an effective mechanism of control within drug courts by utilizing drug testing. Furthermore, those who engage in treatment phases are more likely to graduate (Gottfredson et al., 2007; Taxman & Bouffard, 2005; Banks & Gottfredson, 2003). In congruence with the perceptions of roles discussed earlier, interviews revealed that treatment and probation most often communicate with each other in terms of drug testing and treatment progress. R1 noted, “Treatment and probation have always worked together. They are always going to work together and they have a really good relationship there.” R8 indicated that both probation and treatment have the most impact as they work together to monitor participants. “It’s real important that probation officers focus on the treatment rather than the punitive aspect of the program. And I think that the for the most part they do.” In support of this collaboration, R6 noted that having probation and treatment interact together can impact outcomes in comparison to those in prison trying to seek substance abuse treatment.

I think the efforts at probation and parole have been just awesome and that though they haven’t assigned us a full time officer, Officer Townsend does a lion share of that and does an excellent job of keeping track of folks. The program has benefited and individual probationers have benefited. But for this program, guarantee you that we would have an increase to prison commitment from this county. Because those that we have graduated, some would have failed on regular probation and would have been in the prison system and been without adequate treatment.



This appears to be an example of the ability of the court to link treatment services to criminal justice agencies, a key component stressed in the suggestions for establishing drug courts (Drug Court Programs Office, 1997).

The critical elements of social services identified by respondents were access to mental health care, employment, and in-patient treatment. Upon intake, R1 indicated that participants should be provided with information regarding how social services can assist them.

The only thing we could do better is to make sure that we go over more in depth at intake, which is what I do, to try and go over to them and just continue reminding them that those services are available if they need those.

Though drug treatment can be provided by the treatment provider, time and resources do not allow for the adequate services needed to address mental health issues within the program. The treatment providers do try and steer participants to services that offer mental health treatment, but overall, the ability of the treatment provider to offer extensive mental health service is limited. Mental health issues may pose problems for treatment in other regards, such as the decision on the amount of clean time given to individuals who take medication for certain illnesses. The team tends to take these on a case-by-case basis rather than establishing set guidelines.

In terms of employment, some of the team members indicated that there has been talk of adding vocational rehabilitation services to the team. Because a requirement is that participants be employed or attend school full time, participants often need guidance to find available jobs that they are qualified for. Though there were discussions of implementing vocational rehabilitation services, team members felt that the social services liaison was adequately helping with cases that needed employment.



According to several team members, in-patient treatment is needed for those participants who are chronic substance abusers. It is also listed as a sanction within the handbook and is reserved for individuals who have repeat positive drug screens and who are not making progress in the outpatient treatment program. Rather than complete termination from the program, team members indicated that having more access to in-patient treatment facilities might be beneficial for some participants rather than simply discharging them from the program. Access to additional, more intensive treatment is limited because of the amount of funding for such facilities. R6 indicates that support for drug treatment courts is growing among legislation but it is difficult to have a successful program when funding limits the options available for treatment.

It's a complicated problem because they can say we support drug treatment court but at the same time they are cutting the legs out from under mental health and treatment...If you cut over here even though it's not the line item drug treatment court, if you cut in mental health it's going to have a direct impact on drug treatment court and we can only grow to the extent that we have treatment available.

Overall, team members feel that the treatment that participants receive is an important and successful component of the program. Mental health issues are the overriding concern for team members, as they recognize that funding limits their ability to refer individuals to other agencies that can address mental health issues.

#### *Treatment and sanction strategies*

According to the treatment provider, treatment strategies changed after the first year of the program to include two treatment routes that participants can seek treatment, depending on the substance they are seeking treatment for: Matrix Model or Intensive Outpatient Treatment (IOP). This proposal was made by the treatment provider and, before approval, the two distinctions were presented and discussed among team members. The

Matrix model is geared toward stimulant users (cocaine, methamphetamine, etc.) and regular IOP treats the participants addicted to non-stimulants (marijuana, alcohol, narcotics, etc).

In terms of sanction strategies, several members of the team indicated that, early in the program, sanctions consisted of either increasing treatment requirements or spending a few nights in jail. The way these sanctions are used has changed, as the team recognized that sending a participant to jail early in the program meant that the sanction would not be as effective later in the program. Because a participant had already experienced jail, it would result in the sanction losing its coercive power. R6 indicated how using the sanction of confinement is not as beneficial when used early in the program.

What we found happening is that we were sending these folks to jail and then when they messed up again as they are apt to do early on, that jail didn't mean quite as much and they had already made it through that.

The team has tried to utilize graduated sanctions in the program by incorporating sanctions such as writing an essay and having them read it before the court, community service, implementing a curfew, or increasing the required number of self-help groups that they should attend.

Community service, additional group meetings, additional NA/AA meetings, inpatient treatment, things like that. So we have really tried to graduate so that we haven't used our biggest sanction up front with nothing else to fall back to (R6).

The team has made an effort to use graduated sanctions for the program and use incarceration as a last resort. Prior research has found that the use of graduated sanctions and less incarceration time for participants improves graduation rates (Gottfredson et al., 2007; Wolfe et al., 2002; Logan et al., 2000).

One respondent indicated that the program tries to individualize responses to non-compliance in order to help meet the needs of the participant. As a result, however, there is

concern that some participants may interpret different responses unfairly. The negative side to not having established, consistent sanctions with certain acts of non-compliance is that participants may view the program as being unfair.

I do think we still struggle some with sanctioning. We as a team all agree that everybody is different and participants are different – their addictions are different. So we don't have a standardized response the first time a person does this then they are automatically given this – we don't do that. And often times the participants feel that is unfair you know I did this and she did the same thing and we got punished differently. And we can understand that. But again our position is that everyone is different and treated differently but I still think there's room for us to improve on that and that is just a work in progress (R1).

In relation to participants' perceptions fairness, Wolfer (2006) conducted exit interviews with participants of a Pennsylvania drug court program to assess their opinions regarding the strengths and weaknesses of the program. It was found that some participants felt that the court was unfair as some people were given lenient sanctions in comparison to others who committed the same acts of non-compliance. Exploring options for individualized treatment in drug courts is important, as Wolfer (2006) notes that,

If defendants perceive the judge's treatment of clients as arbitrary and unfair, this may undermine the defendant's view of the judge's symbolic authority, thereby making defendants feel they are less accountable for their actions. In other words, if defendants think that sanctions are arbitrary, they may not see a sanction as a fault or consequence of their own actions, but may instead see a sanction as the result of the judge's whim or favoritism. (p. 319)

Continuing to monitor participants on an individual basis is important, but efforts should be made to be as consistent as possible when implementing sanctions so that perceptions of fairness among participants do not wane.



### *Team Member Communication and Cooperation*

There was a unanimous consensus among team members that communication and cooperation among team members are excellent. These efforts include communication outside and within the court team staffing and court session.

I feel like everyone has a voice on our team. And, often times the judge will specifically go around and ask each individual member what they feel and what they are thinking. Especially if there is a decision about discharge of someone or something pretty drastic. Every single person pretty much, I think, has a say in what goes on. I think they feel that way. (R1)

When issues do arise during team staffing, team members indicated that each person is given the opportunity to state their opinion regarding what should happen to the participant. If differences of opinion occur, the opinions of treatment and probation outweigh other opinions as these are the team members who see participants regularly.

Me personally, I probably give more weight to the probation officer and treatment provider. To the probation officer because he is dealing with them on a daily basis and treatment because that's his expertise and he is in a better position to know as far as treatment what would be best resolution or best sanction that would benefit the participant the best (R7).

Team members noted how treatment and probation manage to provide supervision for offenders even though both face other duties within their agency. They are the team members who report on every participant in team staffing, and much attention is paid to their suggestions for incentives or sanctions as the team recognizes that they interact with participants more frequently than other team members.

When examining the communication of team members, the coordinator indicates that team members are good at communicating with her when issues arise.

As far as cooperation, they are always there and always willing to meet and talk about things and we've got a very dedicated team in both counties, people rarely miss our session. When they are going to, they will email me and call and very concerned that they are having to miss staffing and having to miss court and it's a



huge commitment we are asking from these team members because I mean they all have other jobs to deal with. In that respect, I would say it is excellent and I could not ask for any more of a dedication.

Overall, team members feel that each member works together in a professional manner and each communicates with each other in an effective and cooperative manner. Establishing this interaction is an important component of drug courts (Drug Court Programs Office, 1997). Links between criminal justice agencies and community services are important, and in order for participants to benefit from such a program, continuous communication and collaboration between team members to monitor participant status is imperative.

#### *Community support for the program*

Team members indicated that there would be greater community support if the community was more aware of the program's existence. While responses did not indicate that the community was critical of the program, some were uncertain about the level of community support as they recognized that not many people know about the program. Such hesitation is indicated by R7.

I think there would be community support for the program but, I don't know if it's that widely known and if information is out in the community for it. But yeah, definitely I think there would be overwhelming support for it.

According to the coordinator, efforts have been made to increase awareness within criminal justice agencies.

I try to stay in constant contact with attorneys through email. I go to their offices and speak with them privately and take them information about the program. I try and contact them as much as I can. I try and be in court a lot over here as much as I can. Our judges are excellent and are instrumental in drug court with getting the word out on that, put things throughout the court house, flyers up, different things like that. All of our team is really good about speaking for drug court if there's a situation if someone would be eligible they are good about trying to get that to me.

However, efforts to publicize to the larger community about the operation of the court have been minimal. The program has brought together agencies within the public sector to work with criminal justice agencies, yet most in the community are unaware of the program. In addition to establishing the partnership, efforts should be made to bring awareness to the community about the program (Drug Court Programs Office, 1997).

#### *Overall opinion about program operation*

The overall opinion of team members regarding program operation and outcomes is positive. The team members, or at least the agencies themselves, have been working together within the drug court for a period of three years and some team members have known each other for a long period of time due to the nature and interaction of their agencies. Team members believe that the program helps individuals and that the therapeutic jurisprudence approach to the program is very effective. They see the program as an opportunity for participants to be meaningful members of society as they are not incarcerated and are able to receive treatment for substance abuse, obtain employment, and receive other social services that are needed. One respondent argues that the drug treatment court provides superior treatment and supervision when compared to other criminal justice alternatives,

I love the program, I wish we could multiply by 5 times and extend it to all 5 counties in our district and all 100 counties in the state. It would save the state an immense amount of money...it's difficult when public says don't be soft on criminals, and I don't want to be soft on criminals either, but I also don't want to set them up to continue to be criminals. And the way to do that is to put them in a program that in fact is not soft...This way they are under the microscope and it works (R6).

All team members see it as a program that will continue to grow if funding is available.

Team members see their roles as important to success of the program and many feel they have learned about substance abuse treatment and the difficulties people face. They feel that

the program is effective in providing substance abuse treatment while maintaining supervision to assure public safety.

## CHAPTER 5

### Recommendations and Conclusions

The present study utilized process evaluation research techniques that have been identified in the literature as important techniques to explore within drug courts, including interviews with drug court team members (Scarpitti et al., 1993). This process evaluation explored the manner in which the court implements treatment and sanctions strategies, interaction of team members and subsequent functioning, and overall strengths and weaknesses of program operation. By establishing this process evaluation and reporting findings to the team members of the Watauga County drug treatment court, the court is better served in the future when outcome evaluations are conducted.

#### *Summary of Findings*

Themes were identified by analyzing interviews of team members. Based upon these interviews, common components, operations, and ideas regarding the Watauga County drug treatment court emerged. Issues regarding participant eligibility, judicial supervision and participant accountability, access to treatment and social services, treatment and sanction strategies, team communication and collaboration, and the extent of community support for the program were identified as the major themes in team member responses.

While participant eligibility criteria have been established by the court, it was revealed to be a source of confusion among team members. It was not clear that team members understood the position of the district attorney regarding individuals who sell drugs. Some team members thought these types of cases should be examined on an



individual basis, noting that the district attorney currently is not keen on these types of cases being eligible for the program. However, the district attorney indicated that such cases are considered on a case-by-case basis. Team member opinions can generally be broken down into two views: the program should continue the current eligibility criteria in not allowing those charged or convicted of selling versus those that feel the team should carefully consider such cases as some individuals who sell are doing so merely to meet a habit rather than perform large drug sales for profit. From a treatment perspective, having someone who sells can harm participant functioning and compliance, as it may tempt or bring awareness to available drugs or other drug sellers. From a law enforcement and social services perspective, by having repeated encounters with individuals selling drugs, individual cases can be evaluated to determine if an individual has an underlying substance abuse issue for which selling helps accommodate a need. Thus, to reduce sellers' criminal behavior, access to drug treatment through the program may result in considerable positive outcomes. These types of cases could be evaluated on an individual basis, but ultimately the district attorney should utilize discretion and continue to make the decisions regarding eligibility as their role calls for them to be the gatekeeper of the program (Drug Court Programs Office, 1997).

A second issue with participant eligibility concerned the admittance of a person under 18 years of age into the program. A recent development within the court was the issue of admitting a person under 18 years of age into the program. This proved to be a difficult case, as the individual was in need of more than outpatient treatment, as evaluated by the treatment provider, but inpatient programs that are generally utilized by this court do not allow persons under the age of 18 into their facilities. Though several team members were reluctant, pressure by the team member was the superseding factor in working with this case.

Judicial supervision and participant accountability were identified as positive components of the program. A bi-weekly court session in front of a judge and interacting together reportedly provides considerable motivation for a participant to comply. The influence of judicial presence is a common theme in the literature as an important component to drug treatment court success (Drug Court Programs Office, 1997; Logan et al., 2000; Longshore et al., 2001; Goldkamp et al., 2001b; Hora, 2002). While team members note and consider the program to be successful, a major drawback of the court is the lack of a consistent judge to oversee the court. Because of the system of rotation, a judge may not work drug court for a month or more, meaning that two to four status hearings could be missed. Team members indicated that time constraint is often an issue in trying to cover all cases. Adding to this burden is the fact that judges need to have a more in-depth review of cases due to missed court sessions. This rotation of judges limits their ability to gain a full, on-going understanding of participants.

As noted in the results, treatment strategies have changed with regard to the tracks that participants take depending on the substance that participants seek treatment for. This decision was made by the treatment provider, and this shift of grouping drugs together should be noted in a future outcome evaluation. If differences emerge between drug types in terms of program completion and post-graduation outcomes, then treatment strategy changes can be noted and evaluated to determine if they had an impact on differential outcomes. Sanction strategies, however, have changed more than treatment sanctions. In the beginning, the court mainly used incarceration with initial non compliance with program requirements. Strategies changed when team members realized that the leverage and control of this sanction is lost when used quickly, and thus other sanctions are now utilized before implementing an

incarceration period. Sanctions used within the Watauga County drug court now include, but are not limited to, essays, additional meetings with the coordinator or probation officer, and inpatient treatment.

Related to the use of sanctions is the notion of the individualized treatment. Team members noted that sanctions and incentives are considered on a case by case basis rather than the use of specific established guidelines for noncompliance. This is done as a way to address individual factors of a person's substance abuse and social well-being. Such individualization has been found in other drug courts. While some studies note the benefits of not having standardization (Lindquist, Krebs, & Lattimore, 2006), other research has suggested that consistent sanctions and rewards offers participants and team members a sense of predictability and fairness about the program (Longshore et al., 2001; Marlowe & Kirby, 1999). By having individualized sanctions, the coordinator noted that participants may question their sanctions with relations to others if similar acts of non-compliance are committed and each participant has a different outcome.

Team communication and collaboration was also identified as a theme. Respondents considered this to be a strength of the program as each communicated with each other in a cooperative manner. It is this team approach that is critical to help participants achieve their goals of becoming clean (Hora et al., 1999). Team members reported working together in a non-adversarial fashion where each team member was given adequate opportunity to express their opinion regarding each case.

### *Recommendations*

In terms of addressing sanctions and providing a sense of fairness for participants, a starting point for creating a more standardized system of sanctions would be to group certain



acts of non-compliance into categories by severity. Once this is done, phase level options can also be considered. This would still give the team options to consider in terms of sanctions to impose, but it also gives participants a better sense of what to expect if they commit acts of non-compliance. The drug treatment court in Guilford County in North Carolina utilizes a sanction grid as a tool for implementing sanctions (IRT, 2005a). Table 6 provides a section of the sanction grid utilized by the Guilford County drug court. These sanctions are used prior to termination. Such guidelines could be established to help the Watauga County drug treatment court to assure participants that they are using established guidelines to implement sanctions. Sanctions can still be determined on an individual basis, but having a guideline would provide more consistency for implementing sanctions.

Table 6

*Guilford County Increasing Sanctions Grid Prior to Termination*

<b>Positive Drug Screens</b>	Increase case management session	Increase outpatient intensity	Referral to day treatment	Financial penalty	Up to 24 hours in jail
<b>Positive Drug Screen After Significant Amount of Clean Time</b>	Meet with treatment counselor to revise treatment plan to address relapse	Meet with case manager to review program goals	Move back to previous phase	Financial penalty	24 hours or more in jail
<b>Drug Screen Testing Deception</b>	48-72 hours in jail	Jail and financial penalty	Jail, financial penalty, and increased testing	-	-
<b>Noncompliance with program Requirements</b>	Meet with case manager to review program goals	-	-	Financial Penalty	24 – 48 hours in jail

Source: *Guilford County Adult Drug Treatment Court Process Evaluation Report* (IRT, 2005a, pp. 51 – 52)



Consistent with findings of Lindquist et al. (2006), team members feel they are given ample opportunity to offer their opinion when considering sanctions, but note that most consideration is given to the opinions of treatment and probation. Because they are the team members with weekly monitoring duties of the participants, greatly considering the opinions of treatment and probation should continue.

Because the current rotation of judges impacts judicial supervision, the following recommendation considers a possible strategy to alleviate time constraints of judges in their efforts to review cases prior to status hearings. During team staffing, team members are given a document that indicates each participant's name and phase level while providing space between each name for team members to make notes on. The judge uses the document to prepare notes for the court session when interacting with participants in the court to reveal comments suggestions made by the team. Due to time constraints in team staffing and the amount of time judges may be away from a court session, the coordinator should continue to provide documents to the team that not only indicate phase level but also indicate the major topics of conversation that have occurred in at least two previous staffings and court sessions. If possible, information for this packet could be completed by the coordinator in the days prior to the court session and make this information available to the team before team staffing sessions. By doing this, the judge working the court session could have a sense of what team members have recently discussed about each case. Unfortunately, having one judge work drug court is not a feasible option at this time due to the nature of rotation of judges mandated by legislation.

Even though not having a single judge oversee the drug treatment court may pose disadvantages for participant bonding, there is a possible benefit to having the judicial

rotation that occurs within the Watauga County drug treatment court. Because multiple judges work the drug court and also have regular criminal court dockets, their knowledge of the drug court gives them the ability to encourage defendants and their attorneys to consider drug treatment court as an option. By having this rotation, multiple judges have become supportive of the drug court and they should be proactive in taking steps to identify eligible defendants. Their support can influence the attitudes held by those throughout the criminal justice system. If this occurs, it is possible for community support to follow. Thus, it is recommended for the rotating judges to use their position to publicize the benefits of the program and encourage offenders to explore drug treatment court as a way to address their substance abuse issues.

Based on team member response, access to mental health care was revealed to be a weakness of the program. This finding relates to another process evaluation conducted in Wake County, North Carolina, as this study found that “securing treatment services for participants who are dually diagnosed with co-occurring substance abuse and mental health disorders has been an ongoing challenge for this court” (IRT, 2005c, p.4). This weakness in Watauga County stems from a lack of funding and resources to provide this treatment for clients. Budget cuts at the state level have reduced the availability of mental health care positions and facilities. From a client perspective, they often cannot afford to pay for this treatment in addition to the costs of the substance abuse treatment. One respondent indicated that the team should seek funding from religious and non-profit organizations in the community to help participants pay for mental health treatment. While the team should seek the help of these organizations, it is also imperative that they seek support from local and state government since this concern has been expressed from other drug treatment courts in

North Carolina. Team members should act as advocates of the program and speak to representatives in order to convey the importance of mental health care in addition to substance abuse treatment.

While Watauga County houses a midsize regional university, it is considered a rural area within North Carolina. The current program under study has seen a variety of participants, ranging from college students to members of the community with a long history of substance abuse and/or drug related crime. Thus, when considering ways to improve the program, suggestions should be realistic with consideration of the community context. Bouffard and Smith (2005) note that “recent research on both the general population and samples of offenders reveal that substance-use patterns among rural residents are increasingly coming to resemble those of more urban residents” (p. 323). They also note that “research on the substance-use patterns of offenders by geographic region also demonstrates that rural areas may be seeing increases in use, while offenders in rural areas are less likely to have accessed treatment services” (Bouffard & Smith, 2005, p. 326). As this trend has emerged, issues regarding access to treatment within rural counties have highlighted obstacles for those living in rural areas in accessing substance abuse treatment (Bouffard & Smith, 2005). Some research has indicated that individuals in rural areas do not want to seek treatment (Warner & Leukefeld, 2001). Others have found structural factors affecting availability of treatment which include lack of transportation (Robertson & Donnermeyer, 1997) and organizational issues such as long waiting lists or confusing procedures (Allen, 1994). An interesting perspective from the social services liaison of the program is relevant to these structural factors that can impede access to treatment for those living in rural areas. Some individuals within the program face transportation problems of getting to the required



meetings for treatment and also for employment. It would be beneficial for the program to seek the help of the local public transportation system. While their services to the outer areas of the county are limited and it would add costs for the participant, communication between team members, participants, and the transportation service should take place to consider the options of using the transportation service to help participants attend meetings in order to comply with program requirements.

The issue of community support was viewed as a weakness of the program, mainly due to the community not being aware of its existence or possible benefits for individuals needing substance abuse treatment. Current efforts to establish community support have not been made. To enhance this component of the program, members of the team can encourage community outlets, such as newspapers, to publish success stories of the program. The coordinator and team members should continue to suggest drug court as an option for defense attorneys to seek out for their clients. An increase in community awareness about the program and possible benefits has been noted as a key element (Drug Court Programs Office, 1997). This would lead to legislation considering the implementation of more drug courts and also provide additional funding to maintain the drug court in Watauga County.

#### *Limitations of Current Study*

The current study attempted to complete a process evaluation of the Watauga County drug treatment court. A major limitation of this study is that, despite numerous attempts, the researcher was unable to gain information regarding participant demographics with the exception of active participants. Efforts were made to obtain information regarding education level, marital status, race/ethnicity, employment, and substance of choice for all individuals who participated in the program. Additional information regarding termination



rates and types of noncompliance among those who were unsuccessful, graduation rates, and funding were also not made available. Contacts with the coordinator indicated that the management information system that the court uses does not tabulate program totals; rather, it stores information on an individualized basis for each participant. Tabulating overall program totals for termination outcomes, types of noncompliance, and demographics would require going through each case file and recording this information. In terms of being able to conduct a process evaluation and an eventual outcome evaluation, this drug court is underserved by having this type of system. In order to assess the program and establish meaningful support for the program, this information should be calculated, documented, and made readily available in the near future. If an alternate management information system is not available through the state, the program itself should establish its own information system to monitor these program characteristics.

Future research that examines this drug court should utilize interviews with participants and community members in addition to team members. Team members of the drug court believe the court to be an extremely effective program as an alternative to other sanctions in the criminal justice system. Research has shown that drug courts are able to provide individuals with access to treatment and structure that they otherwise might not have in the community or under regular supervision. However, it would be beneficial to obtain insights and perspectives of those who have participated in the program. This could provide an alternate viewpoint about the operation of the drug court processing in Watauga County.

### *Conclusions*

Process evaluations for drug courts can provide valuable insight into program operations and how strategies are implemented. The current study utilized interviews with

team members of the Watauga County drug treatment court to establish a starting point for future research of the program. The findings suggested the team members view the program as having a positive impact for participants as it offers them the opportunity to seek substance abuse treatment and gain the tools necessary for turning their lives around in a productive manner. Several team members remarked about a participant who completed the program and is currently enrolled in law school and has remained sober since graduation from the program. Such success stories highlight how team members view the program positively because of the benefits that it can provide.

Though team members feel the program operates in a cooperative manner, there are issues that should be discussed among team members in an effort to clarify the direction of the program. Discussions should be held to clarify how team members feel regarding participant eligibility and whether or not the program is targeting offenders whom they feel it should target. Team members should also implement strategies to gain support of the community for this program. Despite the rotation of judges, team members felt that judicial supervision of this program exceeds that of other courts and thus produces an atmosphere where participants are held immediately accountable for their actions. As a specialized court, this drug court is an opportunity for individuals to interact with criminal justice and community agencies in a therapeutic manner in an effort to change their substance abuse habits and criminal activity. To maintain a level of effective program implementation, team members of the Watauga County drug court should acknowledge the recommendations set forth in this research in an effort to improve functioning of the program.

This research provides insight into the planning and implementation of the Watauga County drug court. Because it has only been in operation for a short period of time, outcome

evaluations that seek to address recidivism and drug use among graduates of the program have not been completed but should be within two to three more years of court operation. The insights gained from this process evaluation with regard to team dynamics and strengths and weaknesses of the program can be considered in future outcome evaluations.

## References

- Allen, K. (1994). Development of an instrument to identify barriers to treatment for addicted women, from their perspective. *International Journal of the Addictions*, 29, 429 – 444.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> Ed.). Washington, DC: Author.
- Banks, D., & Gottfredson, D. C. (2003). The effects of drug treatment and supervision on time to rearrest among drug treatment court participants. *Journal of Drug Issues*, 33, 385 – 412.
- Barnoski, R., & Aos, S. (2003). *Washington State's drug courts for adult defendants: Outcome evaluation and cost-benefit analysis*. (Tech. Rep.). Olympia, WA: Washington State Institute for Public Policy.
- Belenko, S. (2001). Research on drug courts: A critical review 2001 update. *National Drug Court Institute Review*, 4, 1 – 60.
- Bouffard, J. A., & Smith, S. (2005). Programmatic, counselor, and client-level comparison of rural versus urban drug court treatment. *Substance Use & Misuse*, 40, 321 – 342.
- Bouffard, J., & Taxman, F. (2004). Looking inside the “black box” of drug court treatment services using direct observations. *Journal of Drug Issues*, 34, 195 – 218.
- Braithwaite, J. (1989). *Crime, shame, and reintegration*. Cambridge, UK: Cambridge University Press.
- Bureau of Justice Statistics. (1999). *Substance abuse and treatment, state and federal prisoners, 1997* (NCJ 172871). Washington, DC: U. S. Department of Justice.
- Bureau of Justice Statistics. (2006). *Drug use and dependence, state and federal prisoners, 2004* (NCJ 213530). Washington, DC: U.S. Department of Justice.
- Bureau of Justice Statistics. (2008). *Prisoners in 2007* (NCJ 224280). Washington, DC: U. S. Department of Justice.
- Burns, S. L., & Peyrot, M. (2003). Tough love: Nurturing and coercing responsibility and recovery in California drug courts. *Social Problems*, 50, 416 – 438.
- Carey, S. M., Finigan, M. W., Pukstas, K. (2008). Exploring the key components of drug courts: A comparative study of 18 adult drug courts on practices, outcomes, and costs. Retrieved on April 27, 2009 from <http://www.ncjrs.gov/pdffiles1/nij/grants/223853.pdf>.



- Center for Substance Abuse Treatment (2005). *Substance abuse treatment for adults in the criminal justice system: A treatment improvement protocol TIP 44*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Cooper, C. S. (2003). Drug courts: Current issues and future perspectives. *Substance Use & Misuse*, 38, 1671 – 1711.
- Drug Court Programs Office, Office of Justice Programs. (1997). *Defining drug courts: The key components*. Washington, DC: U.S. Department of Justice.
- Drug Treatment Court*. (n.d.). Retrieved June 1, 2009 from <http://www.nccourts.org/Citizens/CPrograms/DTC/>.
- Existing Drug Treatment Courts*. (n.d.). Retrieved June 1, 2009 from <http://www.nccourts.org/Citizens/CPrograms/DTC/Adult/Existing.asp>.
- Farabee, D., Prendergast, M., & Anglin, M. D. (1998). The effectiveness of coerced treatment for drug-abusing offenders. *Federal Probation*, 62, 3 – 10.
- Festinger, D. S., Marlowe, D. B., Lee, P. A., Kirby, K. C., Bovasso, G., & McLellan, A. T. (2002). Status hearings in drug court: When more is less and less is more. *Drug and Alcohol Dependence*, 68, 151 – 157.
- Finigan, M. W., & Carey, S. M. (2001). Analysis of 26 drug courts: Lessons learned, final report. *National Institute of Justice* (DOC 194046). Retrieved September 1, 2009 from <http://www.ncjrs.gov/pdffiles1/nij/grants/194046.pdf>.
- Goldkamp, J. S. (1994). Miami's treatment drug court for felony defendants: Some implications of assessment findings. *The Prison Journal*, 73, 110 – 166.
- Goldkamp, J. S., White, M. D., & Robinson, J. B. (2001a). Context and change: The evolution of pioneering drug courts in Portland and Las Vegas (1991 – 1998). *Law & Policy*, 23, 141 – 170.
- Goldkamp, J. S., White, M. D., & Robinson, J. B. (2001b). Do drug courts work? Getting inside the drug court black box. *Journal of Drug Issues*, 31, 27 – 72.
- Gottfredson, D. C., Najaka, S. S., & Kearley, B. (2003). Effectiveness of drug treatment courts: Evidence from a randomized trial. *Criminology & Public Policy*, 2, 171 – 196.
- Gottfredson, D. C., Kearley, B., Najaka, S. S., & Rocha, C. M. (2007). How drug treatment courts work: An analysis of mediators. *Journal of Research in Crime and Delinquency*, 44, 3 – 35.

- Harrell, A., Cavanagh, S., & Roman, J. (1999). *Findings from the evaluation of the DC superior court drug intervention program: Final report*. Washington, DC: Urban Institute.
- Harrison, L. D., & Scarpitti, F. R. (2002). Introduction: Progress and issues in drug treatment courts. *Substance Use & Misuse*, 37, 1441 – 1467.
- Heck, C. (2006). Local drug court research: Navigating performance measures and process evaluations. *National Drug Court Institute*, Washington, DC: U.S Department of Justice.
- Hora, P. F. (2002). A dozen years of drug treatment courts: Uncovering our theoretical foundation and the construction of a mainstream paradigm. *Substance Use & Misuse*, 37, 1469 – 1488.
- Hora, P.F., Schma, W. G., & Rosenthal, J. T. A. (1999). Therapeutic jurisprudence and the drug court movement: Revolutionizing the criminal justice system's response to drug abuse and crime in America. *Notre Dame Law Review*, 74, 439 – 537.
- Hora, P. F., & Stalcup, T. (2008). Drug treatment courts in the twenty-first century: The evolution of the revolution in problem-solving. *Georgia Law Review*, 42, 717 – 811.
- Innovation Research & Training. (2005a). *Guilford County Adult Drug Treatment Court Process Evaluation*. Retrieved September 1, 2009 from <http://www.nccourts.org/Citizens/CPrograms/DTC/Research.asp>.
- Innovation Research & Training. (2005b). *Person/Caswell Adult Drug Treatment Court Process Evaluation Report*. Retrieved September 1, 2009 from <http://www.nccourts.org/Citizens/CPrograms/DTC/Research.asp>.
- Innovation Research & Training. (2005c). *Wake County Adult Drug Treatment Court Process Evaluation Report*. Retrieved September 1, 2009 from <http://www.nccourts.org/Citizens/CPrograms/DTC/Research.asp>.
- Institute of Applied Research of St. Louis, Missouri. (2004). *A cost benefit analysis of the St. Louis City adult felony drug court*. (Tech. Rep.). St. Louis, MO: Institute of Applied Research.
- Krisberg, B. (1980). Utility of process evaluation: Crime and delinquency programs. In M. Klein & K. Teilmann (Eds.), *Handbook of criminal justice evaluation* (pp. 217 – 236). Beverly Hills, CA: Sage.
- Lindquist, C. H., Krebs, C. P., & Lattimore, P. K. (2006). Sanctions and rewards in drug court programs: Implementation, perceived efficacy, and decision making. *Journal of Drug Issues*, 36, 119 – 145.

- Listwan, S. J., Sundt, J. L., Holsinger, A. M., & Latessa, E. J. (2003). The effect of drug court programming on recidivism: The Cincinnati experience. *Crime & Delinquency*, 49, 389 – 411.
- Logan, T. K., Williams, K., Leukefeld, C., & Minton, L. (2000). A drug court process evaluation: Methodology and findings. *International Journal of Offender Therapy and Comparative Criminology*, 44, 369 – 394.
- Longshore, D., Turner, S., Wenzel, S., Morral, A., Harrell, A., McBride, D., Deschenes, E., & Iguchi, M. (2001). Drug courts: A conceptual framework. *Journal of Drug Issues*, 31, 7 – 26.
- Marlowe, D. B., Festinger, D. S., Lee, P. A., Schepise, M. M., Hazzard, J. C., Mulvaney, F. D., & McLellan, A. T. (2003). Are judicial status hearings a key component of drug court?: During treatment data from a randomized trial. *Criminal Justice and Behavior*, 30, 141 – 162.
- Marlowe, D. B., Heck, C., Huddleston, C. W., & Casebolt, R. (2006). *A national research agenda for drug courts: Plotting the course for second-generation scientific inquiry*. Alexandria, Virginia: National Drug Court Institute.
- Marlowe, D. B., & Kirby, K. C. (1999). Effective use of sanctions in drug courts: Lessons from behavioral research. *National Drug Court Institute Review*, II, ii – xxix.
- Miethe, T. D., Lu, H., & Reese, E. (2000). Reintegrative shaming and recidivism risks in drug court: Explanations for some unexpected findings. *Crime & Delinquency*, 46, 522 – 541.
- Monchick, R., Scheyett, A., & Pfeifer, J. (2006). Drug court case management: Role, function, and utility. *National Drug Court Institute*.
- Morse, J. M., & Richards, L. (2002). *Readme first for a user's guide to qualitative methods*. Thousand Oaks, California: Sage.
- National Institute of Justice. (2006). *Drug courts: The second decade* (NCJ 211081). Washington, D.C.: U.S. Department of Justice.
- Nolan, J. L. (2001). *Reinventing justice*. Princeton, NJ: Princeton University Press.
- Nolan, J. L. (2002). Drug treatment courts and the disease paradigm. *Substance Use & Misuse*, 37, 1723-1750.
- North Carolina Court System (2005). *The Guidelines (Minimum Standards) for the North Carolina Drug Treatment Court Program*. Retrieved June 1, 2009 from [http://www.nccourts.org/Citizens/CPrograms/DTC/Documents/dtc\\_guidelines.pdf](http://www.nccourts.org/Citizens/CPrograms/DTC/Documents/dtc_guidelines.pdf).



- Olson, D. E., Lurigio, A. J., & Albertson, S. (2001). Implementing the key components of specialized drug treatment courts: Practice and policy considerations. *Law and Policy*, 23, 171 – 196.
- Peyton, E. A., & Gossweiler, R. (2001). *Treatment services in adult drug courts: Report on the 1999 national drug court treatment survey*. Washington, D. C.: Drug Court Programs Office.
- Robertson, E. B., & Donnermeyer, J. F. (1997). Illegal drug use among rural adults: Mental health consequences and treatment utilization. *American Journal of Drug and Alcohol Abuse*, 23 (3), 467 – 485.
- Sanford, J. S., & Arrigo, B. A. (2005). Lifting the cover on drug courts: Evaluation findings and policy concerns. *International Journal of Offender Therapy and Comparative Criminology*, 49, 239 – 259.
- Satel, S. (1998). Observational study of courtroom dynamics in selected drug courts. *National Drug Court Institute Review*, 1, 43 – 72.
- Saum, C. A., Scarpitti, F. R., & Robbins, C. A. (2001). Violent offenders in drug court. *Journal of Drug Issues*, 31, 107 – 128.
- Scarpitti, F. R., Inciardi, J. A., & Pottieger, A. E. (1993). Process evaluation techniques for corrections-based drug treatment programs. *Journal of Offender Rehabilitation*, 19, 71 – 79.
- Spohn, C., Piper, R. K., Martin, T., & Frenzel, E. D. (2001). Drug courts and recidivism: The research of an evaluation using two comparison groups and multiple indicators of recidivism. *Journal of Drug Issues*, 31, 149-176.
- Taxman, F. S., & Bouffard, J.A. (2002). Treatment inside the drug treatment court: The who, what, where, and how of treatment services. *Substance Use & Misuse*, 37, 1665 – 1688.
- Taxman, F. S., & Bouffard, J. A. (2005). Treatment as part of drug court: The impact on graduation rates. *Journal of Offender Rehabilitation*, 42, 23 – 50.
- United States Government Accountability Office. (2005). *Adult drug courts: Evidence indicates recidivism reductions and mixed results for other outcomes* (GAO Publication No. 05-219). Washington, DC: U.S. Government Printing Office.
- Volkow, N. D., Belenko, S., Delany, P. J., & Dembo, R. (2006). Principles of drug abuse treatment for criminal justice populations: A research-based guide. *National Institute on Drug Abuse* (NIH Publication No. 06-5316). Washington, DC: U.S. Government Printing Office.



- Warner, B. D., & Leukefeld, C. G. (2001). Rural-urban differences in substance use and treatment utilizations among prisoners. *American Journal of Drug and Alcohol Abuse*, 27, 265 – 280.
- Watauga adult drug treatment court participant handbook*. (n.d.).
- Wilson, D. B., Mitchell, O., & Mackenzie, D. L. (2006). A systematic review of drug court effects on recidivism. *Journal of Experimental Criminology*, 2, 459 – 487.
- Wolfe, E., Guydish, J., & Termondt, J. (2002). A drug court outcome evaluation comparing arrests in a two year follow-up period. *Journal of Drug Issues*, 32, 1155 – 1172.
- Wolfer, L. (2006). Graduates speak: A qualitative exploration of drug court graduates' views of the strengths and weaknesses of the program. *Contemporary Drug Problems*, 33, 303 – 320.

## APPENDIX A

### Interview Schedule for Team Member Interviews

**Interview Schedule for in-person Interviews – Audio Recording**  
**(probe question possibilities are in italics)**

**Ask the Coordinator**

1. When did the program begin?
  - a. Was it designed based on another specific drug court?
  - b. Does the program model the key components set forth by the U.S. Department of Justice's Drug Court Programs Office?
  - c. Were any components added or revised after it began?
  - d. Goals of the program.
2. Annual Reports
  - a. Clients – how many, how long in the program, offenses
  - b. Violation data
  - c. Staff per year
  - d. Budget per year – how is the program funded? Have consequences already occurred because of the economic situation?
  - e. Graduations and Terminations
  - f. Numbers available on who was eligible but did not participate?
3. Staff Members – many changes? When and what positions?
  - a. When did specific agencies become involved – from inception or were they added later?
4. Program Description
5. Program Procedures
  - a. Phases
  - b. Sanctions and Incentives
  - c. Drug Testing
  - d. Length
  - e. Other Social Services – what agencies are involved and what is their role?

**Background Information of Team Members**

1. What is your position in relation to the drug treatment court program?
  - a. Describe your role and how your role relates to participants and other members of the team.
2. How long have you been working in this position?
  - a. Before this position, were you in a similar line of work?
3. How long have you been working with your current agency?
4. Did you receive formal training to perform your role in the drug treatment court program?
  - a. Is formal training available?
  - b. If you did not receive formal training, do you feel it would be beneficial?

### **Drug Treatment Court**

1. In your opinion, what are the primary goals of the drug treatment court program?
  - a. How successful do you feel the program has been in achieving these goals?  
*What do you evaluate as success – recidivism rates, drug use, or other aspects of program outcomes?*
  - b. Have any goals changed since the program inception?  
*Why do you feel goals changed (was it a specific case or an overall analysis)?*
  - c. Are there secondary goals of the program – have other outcomes been achieved in addition to stated goals?
2. Do you feel that the program is reaching the offenders it is intended to target?  
*Who are the offenders the program targets?*
  - a. Are they receiving the treatment that is needed?
    - i. *What could improve treatment?*
  - b. Are they receiving other social services that are needed?
    - i. *What could improve other services?*
3. Have treatment strategies changed over time?
  - i. *Is there a specific reason why strategies changed?*
  - ii. *Who had the most input on these decisions?*
4. Have sanction strategies changed over time?
  - i. *Is there a specific reason why strategies changed?*
  - ii. *Who had the most input on these decisions?*
5. Describe any changes in design or programming since the inception of the program.
  - a. What were the causes of these changes?
    - i. *What was the source of change – outside pressure, team members, events?*
    - ii. *Who had the most input on these decisions?*
    - iii. *Did you receive adequate information regarding changes?*



6. What aspects of the program do you feel work best?

*Specifically, identify three strengths of the program*

- 1.)
- 2.)
- 3.)

7. What aspects of the program do you feel do not work?

*Specifically, identify three weaknesses of the program*

- 1.)
- 2.)
- 3.)

a. What are ways to improve the program for team members and participants?

8. How would you rate the communication between members of the team?

Excellent      Good      Average      Poor      Very Poor

*Describe the communication efforts by members of the team and explain the rating you selected.*

*Have communication efforts improved over time? How?*

9. How would you rate the cooperation between members of the team?

Excellent      Good      Average      Poor      Very Poor

*Describe cooperation efforts by members of the team and explain the rating you selected.*

*Have cooperation efforts improved over time? How?*

10. Are there ways to improve communication and cooperation between members?

a. Do you have sufficient access to participant information?

11. How has the relationship been between all agencies involved in the drug court process?

- a. Is there a specific agency that has greater impact? Who is most critical to successful completion of the program?
- b. Is there an agency that would improve the process that is currently not present within the program?

12. Do you feel this program is having an impact on participants and the community?
  - i. *How does it impact participants and the community?*
13. Do you feel there is community support for this program?
  - a. What was the social, political, and economic environment like when the program began? Has it changed over time?
14. Do you think there are program requirements that should be changed or eliminated?
15. Would you support changes in participant eligibility rules to allow more defendants to qualify for the drug treatment court program?
  - a. What are these changes?
16. Overall, describe how you feel about program operation.
  - a. Would you restructure the balance of power within the workgroup? Why or why not?
17. Do you see the program continuing to grow? In what ways do you see it growing?
18. How do you see the current economic situation impacting the drug treatment court?
19. Do you have any other comments you would like to share?

## APPENDIX B

### Subject Informed Consent

## **Subject Informed Consent**

Appalachian State University

### **Informed Consent Form**

**Study Title:** A Process Evaluation of the Watauga County Drug Treatment Court

#### **Introduction:**

You are invited to be in a research study examining the Watauga County Drug Treatment Court as part of a process evaluation of the program. You were selected as a participant as you are a member of the operative team for the program. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

#### **Background Information:**

The purpose of this research is to complete a process evaluation of the Watauga County Drug Treatment Court. This research can provide valuable insight into how well the program operates and to explore the extent to which it operates in a manner consistent with previous research on drug court programs.

#### **Procedures:**

If you agree to be in this study, we will ask you to complete an in-person interview that will be audio recorded for transcription purposes. Interviews will last approximately 30-45 minutes. The interviews will be conducted within your workplace to assure your comfort, at a time convenient for you.

#### **Research Subjects' Consent to Audio Recording:**

I agree to be audio-taped during the interview and my responses may be used in the research.

Please initial: Yes \_\_\_\_\_ No \_\_\_\_\_

#### **Risks and Benefits of Being in the Study:**

At this time, the program would benefit from a process evaluation to monitor their efforts for providing substance abuse treatment while maintaining efforts to ensure criminal sanctions. By comparing previous evaluation research of similar programs, the Watauga County Drug Treatment Court may gain useful insight into areas of success and potential improvements. Members of the team will better understand their cooperating efforts and can benefit by knowing of any weaknesses and areas for improvement within the program. As a state-funded program, society needs to be assured that the program is operating efficiently and meeting the needs of offenders while providing safety for the community.

You may experience discomfort in addressing issues about team functioning, such as cooperation between members and if there are shortcomings in the program. No physical or legal harm can result.



**Alternatives to Participating in this Study:**

The only alternative is to not participate in this study.

**Confidentiality:**

Due to the nature of the research and small group setting, the researcher cannot assure confidentiality. Most notably, particular roles within the organizational setting may be an important factor in understanding primary questions of interest. To minimize risk, you will be given reasonable opportunity to review the presentation of results that may be directly attributable to your particular responses. You will be able to review or modify such comments to your satisfaction. Efforts will be made to protect you from identification, but if implications result from a specific position, your permission will be sought before final documentation.

**Voluntary Nature of the Study:**

Your decision whether or not to participate in this study will not affect your current or future relations with Appalachian State University. If you decide to participate in this study, you are free to withdraw at any time for any reason without affecting those relationships.

**Contacts and Questions:**

This study is being conducted by Appalachian State University graduate student: Angela Shook; 828-719-7136. The project is supervised by Dr. Jefferson Holcomb, Government and Justice Studies; 828-262-6347.

If you have any questions or concerns about the way you were treated as a participant, please contact Dr. Jay Cranston, Chair of the Appalachian State University Institutional Review Board, at 828-262-2692.

You will be given a copy of this form to keep for your records.

**Statement of Consent:**

The information about the proposed research study and consent has been explained to you by:

\_\_\_\_\_  
Name of Principal Investigator

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date

When you sign this form, you agree that you have read the above description of this research. You also agree that your questions have been answered, and that you wish to take part in this research study.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

## BIOGRAPHICAL SKETCH

Angela Dawn Shook was born in Boone, North Carolina to Mr. and Mrs. Stuart H. Shook. She attended elementary school in Boone and graduated from Watauga High School in June 2004. She attended Appalachian State University and during the summer of 2007, she was awarded an opportunity to complete a North Carolina state paid internship with the Watauga County Community Corrections Office. In December 2007, she was awarded Bachelor of Science degrees in both Psychology and Criminal Justice. In the spring of 2008, she began study for a Master of Science Degree in Criminal Justice and Criminology, which she received in December 2009.

Ms. Shook is a member of the National Honor Society Phi Kappa Phi, American Correctional Association, and the Southern Criminal Justice Association. She received several academic and student employment awards during her tenure at Appalachian State University. She also presented a paper at the 2009 Southern Criminal Justice Association conference entitled "Exploring the Role of Social Class within Criminal Justice Practices and Procedures: Implications for Social Justice."

